



How-To Navigate **MENU MODIFICATIONS**

CHILD AND ADULT CARE FOOD PROGRAM

ARIZONA DEPARTMENT
OF EDUCATION



How To Navigate Menu Modifications in the CACFP

Purpose

This training was created by the Arizona Department of Education to provide guidance on how CACFP facilities are to process menu modification requests.

Training Objectives

- ✓ Increase understanding of when a modification does and does not meet the meal pattern.
- ✓ Clarify the difference between a required accommodation and an optional accommodation.
- ✓ Simplify the process of documenting menu modifications onto one brand new form.
- ✓ Specify when you can continue claiming.

Intended Audience

This training is intended for any individual who assists in the operation of the Child and Adult Care Food Program in Arizona and takes the lead in menu modification requests at their site.



Menu Modifications in the CACFP

Hello! I am a CACFP specialist at the Arizona Department of Education. I'm here to guide you through this online training to help you understand menu modifications in the CACFP.

Let's get started!





A menu modification is when someone asks you to *avoid a food or beverage*

listed on your CACFP menu and offer *something else* instead. Processing these

requests requires knowledge of the CACFP meal pattern, civil rights

compliance and what documentation is needed for each request.

Menu Modification Requests

Some participants may ask for modifications from the type of food or beverages you provide, or even the time and place that you provide it.



Menu Modification Requests

What is being requested?

Why is it being requested?

Am I required to provide the modification?

Did I provide a *reasonable* accommodation, when required?

Can I claim these meals and snacks?

Menu modification requests contain many layers. All of these questions will be addressed by the end of the training.



Menu Modification Requests


All menu modifications must be documented.

A **form** has been created to make it easier for you to document modification requests. This form requires that you have some knowledge of what meets the meal pattern and when it is required to make a reasonable accommodation. We will review this information in today's training.



Participant Menu Modification Form

The **Participant Menu Modification Form** is available on ADE's CACFP webpage.

| | | | |
|--|---------------------------|---|--|
|  Child and Adult Care Food Program Participant Menu Modification | | | |
| <p>This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.</p> | | | |
| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
| Participant's First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| Explain how exposure to the food(s) affects the participant: | | | |
| Parent/Guardian Name | | Date | |
| Parent/Guardian Signature | | | |
| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation or Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy |
| <input type="checkbox"/> Reported Food Intolerance | | <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</i> | <input type="checkbox"/> Reported Food Intolerance |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

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| | | | |
|--|---------------------------|--|--|
| Child and Adult Care Food Program Participant Menu Modification | | | |
| Section 3. Negotiation of Accommodation(s) | | | |
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <i>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</i> | | | |
| The facility will provide: | | Indicate Specific Brand if applicable: | |
| <input type="checkbox"/> Parent/Guardian accepts accommodation <i>The facility is purchasing the reasonable menu modification that is being provided.</i> | | <input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> | |
| Notes: | | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | | | |
| Facility Representative Name | | Signature | |
| Parent/Guardian Name | | Signature | |
| Supplement A. Timeline – Medical Authority Documentation Requests | | | |
| This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the | | | |
| <input type="checkbox"/> Initial Request <input type="checkbox"/> 1-Month Request <input type="checkbox"/> 3-Month Request <input type="checkbox"/> 6-Month Request <input type="checkbox"/> Medical Authority meal pattern | | | |
| Arizona Department of Education - Child and Adult Care Food Program Medical Authority Documentation Participant Menu Modification | | | |
| A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern. | | | |
| Patient First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| Explain how exposure to the food(s) affects the patient: | | | |
| The following recognized medical authorities can sign this document: Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician | | | |
| Medical Authority Name | | Date | |
| Medical Authority Signature | | | |
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Participant Menu Modification Form

The **Participant Menu Modification Form** is available on ADE's CACFP webpage.

Click Here
to open the form
and follow along!



Participant Menu Modification Form

I am a Director at a CACFP Center. I currently have nine participants requesting something different than what is listed on the menu. They all have **different reasons** for the modification. Can this form be used in all of these situations?



Participant Menu Modification Form

Yes, this form **can** be used in every situation and for every age participant; infants, children, and adults in your care. Let me show you!



Menu Modification Form

Page 1 Section 1



Participant Menu Modification Form

When a parent or guardian asks
you for a menu modification,
provide them with a Participant
Menu Modification Form and ask
them to complete Section 1.



Participant Menu Modification Form

Section 1



Child and Adult Care Food Program Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by Parent/Guardian

| | | |
|---|---------------------------|---|
| Participant's First & Last Name | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Explain how exposure to the food(s) affects the participant: | | |
| Parent/Guardian Name | Date | |
| Parent/Guardian Signature | | |

Section 2. Assessment – To Be Completed by the CACFP Facility

| | | | |
|---|----|--|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation or Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy |
| <input type="checkbox"/> Reported Food Intolerance | | <input type="checkbox"/> No medical reason for the request. Accommodating this preference request is a facility's customer service decision. | <input type="checkbox"/> Reported Food Intolerance |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected |
| | | <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Facility will provide modification |
| | | | <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

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Child and Adult Care Food Program Participant Menu Modification

Section 3. Negotiation of Accommodation(s)

Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification)

Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)

| | |
|--|---|
| The facility will provide: | Indicate Specific Brand if applicable: |
| <input type="checkbox"/> Parent/Guardian accepts accommodation | <input type="checkbox"/> Parent/Guardian does not accept accommodation |
| The facility is purchasing the reasonable menu modification that is being provided. | The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home. |
| Notes: | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | |
| Facility Representative Name | Signature |
| Parent/Guardian Name | Signature |

Supplement A. Timeline – Medical Authority Documentation Requests

This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the parent/guardian is requesting documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern.

☐ Initial Request

☐ 1-Month Request

☐ 3-Month Request

☐ 6-Month Request

☐ Medical Authority meal pattern

Facility Representative

Arizona Department of Education - Child and Adult Care Food Program Medical Authority Documentation | Participant Menu Modification

A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern.

| | |
|---|---------------------------|
| Patient First & Last Name | Date of Birth |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | |
| Food(s) to be avoided | Allowable Modification(s) |
| Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| Explain how exposure to the food(s) affects the patient: | |

The following recognized medical authorities can sign this document:

Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician

| | |
|-----------------------------|------|
| Medical Authority Name | Date |
| Medical Authority Signature | |

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Participant Menu Modification Form

Section 1

The individual making the request will report the participant's name and date of birth, food(s) to be avoided, the allowable modification(s), and how exposure to the food(s) affects the participant.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
|---|---------------------------|---|--|
| Participant's First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| | | | |
| | | | |
| Explain how exposure to the food(s) affects the participant: | | | |
| | | | |
| Parent/Guardian Name | | Date | |
| Parent/Guardian Signature | | | |

**Facility Representatives should review
this section to make sure:**

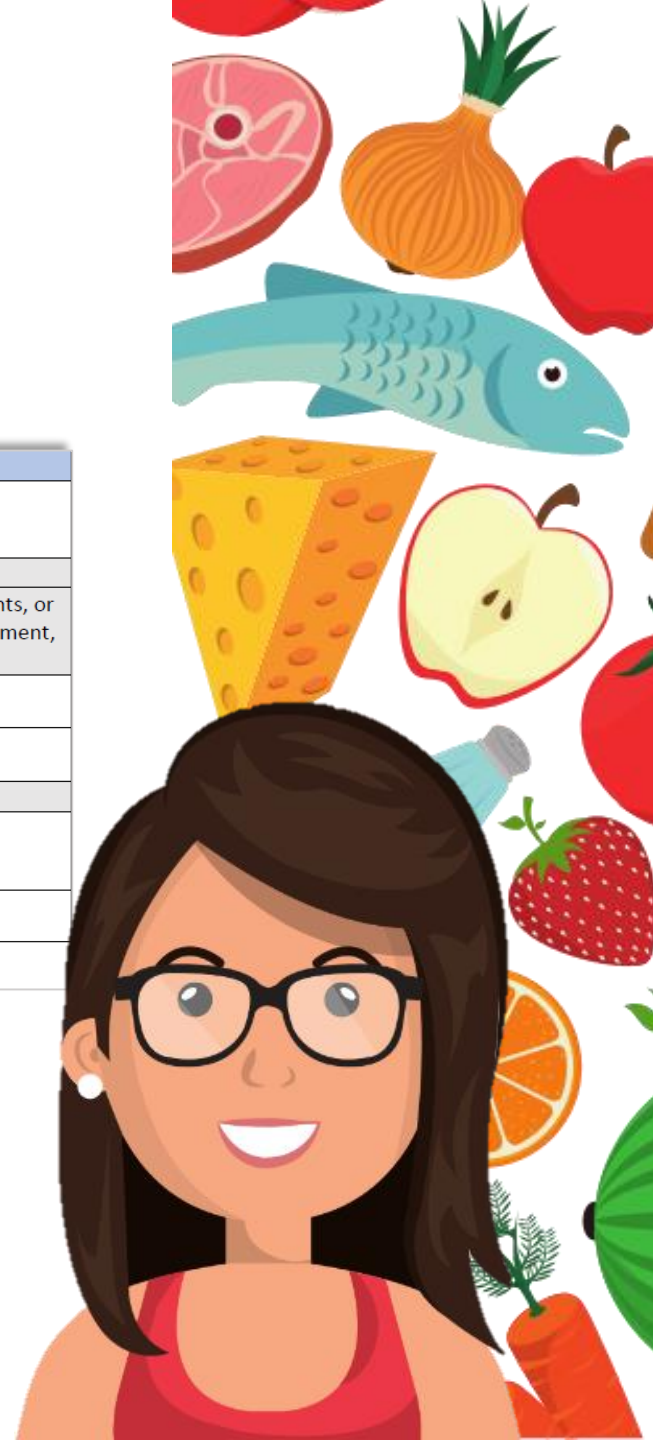
- ✓ All requests are specific
- ✓ All parts of this section are completed

| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
|---|---------------------------|---|--|
| Participant's First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| | | | |
| | | | |
| Explain how exposure to the food(s) affects the participant: | | | |
| | | | |
| Parent/Guardian Name | | Date | |
| Parent/Guardian Signature | | | |



For example, if “Dairy” is listed, please ask the requestor to specify what *specific* foods should be avoided.

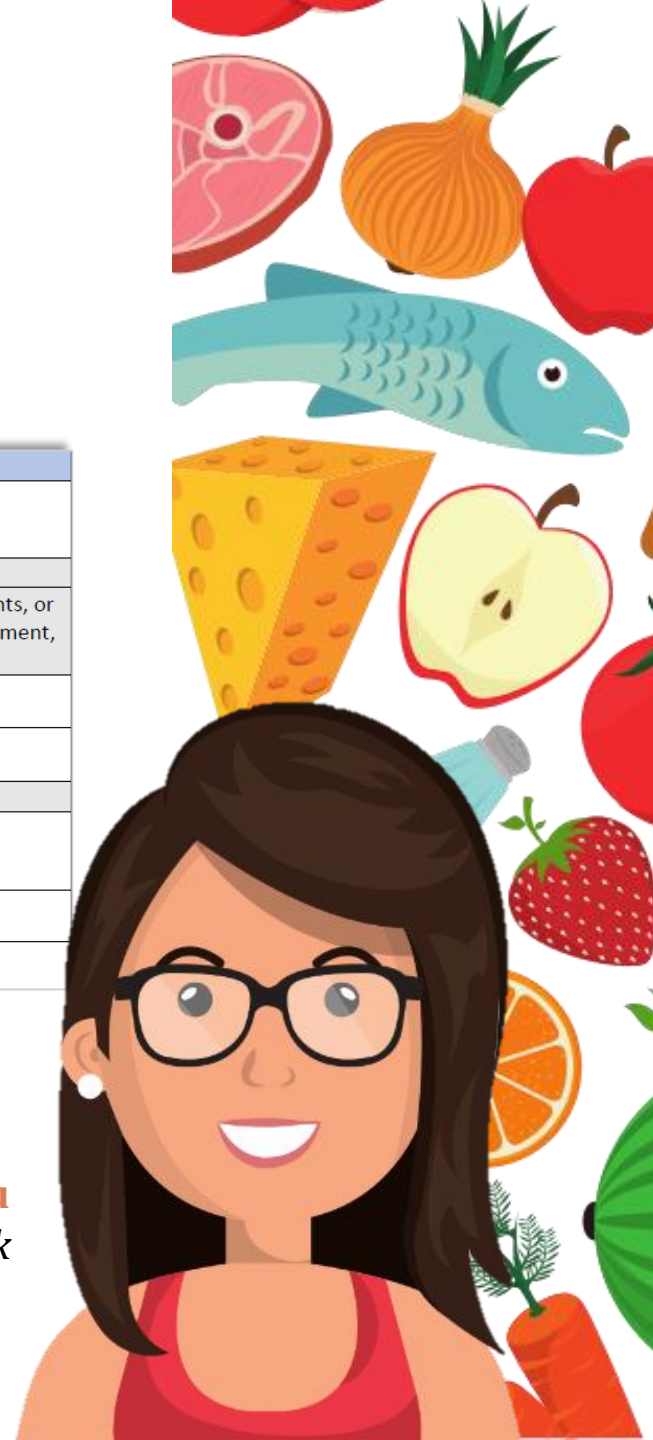
| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
|---|---------------------------|---|------------|
| Participant's First & Last Name | Donovan Samson | Date of Birth | 03/07/2018 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| Dairy | Soy Milk | N/A | |
| | | | |
| Explain how exposure to the food(s) affects the participant: | | | |
| Upset stomach | | | |
| Parent/Guardian Name | Mariah Samson | Date | 01/20/2020 |
| Parent/Guardian Signature | Mariah Samson | | |



For example, if “Dairy” is listed, please ask the requestor to specify what *specific* foods should be avoided.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
|---|--|---|------------|
| Participant's First & Last Name | Donovan Samson | Date of Birth | 03/07/2018 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| Cow's Milk | Soy Milk | N/A | |
| Explain how exposure to the food(s) affects the participant: | | | |
| Upset stomach | Cheese, yogurt, and other dairy products are okay to give. | | |
| Parent/Guardian Name | Mariah Samson | Date | 01/20/2020 |
| Parent/Guardian Signature | Mariah Samson | | |

This example is better! When the requestor wrote dairy, they actually meant cow's milk. Because they specified Cow's Milk should be avoided and they indicated that cheese, yogurt, and other dairy products are okay, you now know *exactly when you should provide a modification*. *This participant can't have milk but can have the cheese quesadilla.*



You may receive requests that look like this.

Pineapple is avoided and the allowable modification is *any other fruit*! In these situations, you are easily able to meet the meal pattern because you can provide any other creditable food within that component.

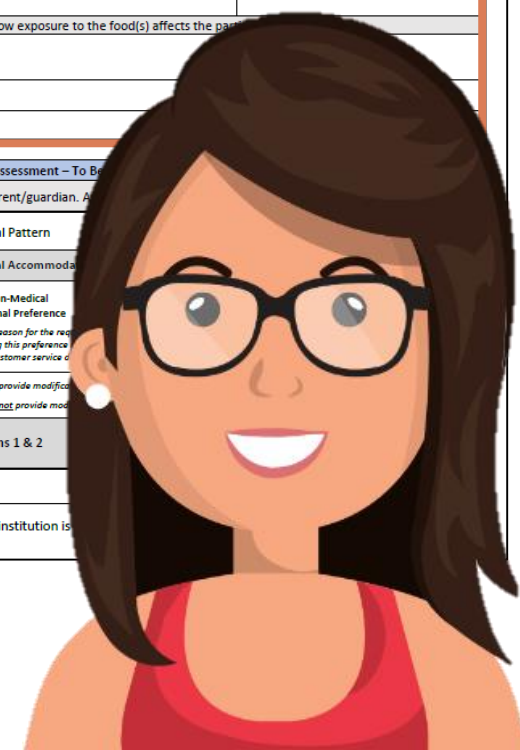
| Section 1. Documentation – To Be Completed by Parent/Guardian | | | | |
|---|---------------------------|---|---------------|------------|
| Participant's First & Last Name | Xavier Sanchez | | Date of Birth | 10/17/2016 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | | |
| Pineapple | Any Other Fruit | N/A | | |
| Explain how exposure to the food(s) affects the participant: | | | | |
| Allergy, rash and itchy mouth | | | | |
| Parent/Guardian Name | Jonathan Sanchez | | Date | 01/17/2020 |
| Parent/Guardian Signature | <i>Jonathan Sanchez</i> | | | |




Summary: Section 1

Section 1 is where the requestor indicates what is being avoided, what can be offered instead, and how exposure affects the participant.

This information is very important because it lets you know what items from your menu should be avoided to ensure the health and safety of the participant.




Child and Adult Care Food Program
Participant Menu Modification

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| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|---|---------------------------|---|
| Participant's First & Last Name | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| | | |
| Explain how exposure to the food(s) affects the participant: | | |
| | | |
| Parent/Guardian Name | | |
| Parent/Guardian Signature | | |

| Section 2. Assessment – To Be Completed by Facility Representative | |
|--|--|
| Discuss the modification request with the parent/guardian. A | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | |
| Required Accommodation | or Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy | <input type="checkbox"/> Non-Medical Personal Preference <i>No medical reason for the request. Accommodating this preference is a facility's customer service discretion.</i> |
| <input type="checkbox"/> Reported Food Intolerance | |
| <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | |
| Facility Representative Name | |
| Updated: January 2020 This institution is | |

Menu Modification Form

Page 1 Section 2




Participant Menu Modification Form

Section 2

Section 2 is completed and signed by a facility representative. This section helps you decide which situation you are navigating and assists you in how to navigate it.

All modification requests can be categorized into one of these situations:

1. Meets the meal pattern, preference
2. Meets the meal pattern, disability
3. Doesn't meet the meal pattern, preference
4. Doesn't meet the meal pattern, disability

|  Child and Adult Care Food Program Participant Menu Modification | | | | | |
|--|---------------------------|---|---|----|---|
| <small>This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.</small> | | | | | |
| Section 1. Documentation – To Be Completed by Parent/Guardian | | | | | |
| Participant's First & Last Name | | Date of Birth | | | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | | | |
| | | | | | |
| | | | | | |
| Explain how exposure to the food(s) affects the participant: | | | | | |
| | | | | | |
| Parent/Guardian Name | | Date | | | |
| Parent/Guardian Signature | | | | | |
| Section 2. Assessment – To Be Completed by the CACFP Facility | | | | | |
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | | | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation | or | Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference |
| <input type="checkbox"/> Reported Food Intolerance | | <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> | <input type="checkbox"/> Reported Food Intolerance | | <small>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</small> |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | | Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation | | |
| Facility Representative Name | | Date | | | |
| | | | | | |
| Updated: January 2020 | | This institution is an equal opportunity provider. | | | |

**Completing Section 2
requires knowledge of two areas:**

1. When modifications do and do not meet the meal pattern.
2. When modifications are a medical need vs. a non-medical personal preference.

**Let's start with the
meal pattern.**



CACFP Meal Pattern

Components

The CACFP Meal Pattern requires certain components be served at each meal or snack.

Creditable Food/Beverage

Each component requires a creditable, or allowable, food or beverage to be served.

Minimum Portion


When you serve a food that credits toward the required component, make sure to serve at least the minimum portion!

The meal pattern is not being met if a required component, creditable food/beverage, or minimum portion is not being offered.



Participant Menu Modification Form

Section 2



But, what if you are asked to
provide a food or beverage
that does not meet the meal pattern
because what is being requested is not
nutritionally equivalent or not creditable?



Let's take a look.

| CACFP Component | Modifications that meet the CACFP Meal Pattern | Modifications that do not meet the CACFP Meal Pattern |
|--|---|--|
| Milk Component | <p>Lactose-Reduced Cow Milk (Nonfat/1% or Whole as Required)</p> <p>Nutritionally-Equivalent Soy Milks (Reference Soy Milk Guide)</p> <p>Goat Milk</p> <p>Breastmilk*</p> <p><i>*Note: Documentation not required</i></p> | <p>Almond Milk, Cashew Milk, Coconut Milk, Rice Milk, Hemp Milk, Oat Milk, Pea Milk, Macadamia Milk, Blends of any of the above, Water, Juice, any other beverage.</p> |
| Grain Component | <p>Creditable Grain</p> <p>Gluten-Free Creditable Grain</p> | <p>Grain-Based Dessert</p> <p>Non-Creditable Grain</p> |
| Meat & Meat Alternate Component | <p>Creditable Meat or Meat Alternate</p> | <p>Non-Creditable Meat or Meat Alternate</p> |
| Fruit Component | <p>Creditable Fruit</p> | <p>Non-Creditable Fruit</p> |
| Vegetable Component | <p>Creditable Vegetable</p> | <p>Non-Creditable Vegetable</p> |
| Infant Breastmilk/Formula | <p>Iron-Fortified & FDA-Approved Infant Formulas <i>Milk Based, Lactose-Reduced, Soy, etc.</i></p> | <p>No-Iron Infant Formula Low-Iron Infant Formula FDA Exempt Infant Formula</p> |



| CACFP Component | Modifications that meet the CACFP Meal Pattern | Modifications that do not meet the CACFP Meal Pattern |
|--|---|--|
| Milk Component | <p>Lactose-Reduced Cow Milk (Nonfat/1% or Whole as Required)</p> <p>Nutritionally-Equivalent Soy Milks (Reference Soy Milk Guide)</p> <p>Goat Milk</p> <p>Breastmilk*</p> <p><i>*Note: Documentation not required</i></p> | <p>Almond Milk, Cashew Milk, Coconut Milk, Rice Milk, Hemp Milk, Oat Milk, Pea Milk, Macadamia Milk, Blends of any of the above, Water, Juice, any other beverage.</p> |
| Grain Component | <p>Creditable Grain</p> <p>Gluten-Free Creditable Grain</p> | <p>Grain-Based Dessert</p> <p>Non-Creditable Grain</p> |
| Meat & Meat Alternate Component | <p>Creditable Meat or Meat Alternate</p> | <p>Non-Creditable Meat or Meat Alternate</p> |
| Fruit Component | <p>Creditable Fruit</p> | <p>Non-Creditable Fruit</p> |
| Vegetable Component | <p>Creditable Vegetable</p> | <p>Non-Creditable Vegetable</p> |
| Infant Breastmilk/Formula | <p>Iron-Fortified & FDA-Approved Infant Formulas <i>Milk Based, Lactose-Reduced, Soy, etc.</i></p> | <p>No-Iron Infant Formula Low-Iron Infant Formula FDA Exempt Infant Formula</p> |



Click!

It can be easy to continue to meet the meal pattern! For example:

Gluten Free

Swap the dinner roll for rice!

Vegetarian

Swap the meat for beans or cheese!



Requests to provide a substitute for **milk** may be common at your facility. Modification requests for the milk component are one of the *trickier* components to modify because some milk substitutes meet the meal pattern and some do not.



Nutritionally Equivalent

Milk substitutes that are **nutritionally equal to cow's milk** meet the meal pattern. This chart shows the nutrition standards.

| USDA Nutrition Standards for Fluid Milk Substitutes | |
|---|--|
| Minimum Nutrients per 8 Fluid Ounces | |
| Calcium | 276 milligrams (mg) or 30% Daily Value (DV) ¹ |
| Protein | 8 grams (g) |
| Vitamin A | 500 international units (IU) or 10% DV |
| Vitamin D | 100 IU or 25% DV |
| Magnesium | 24 mg or 6% DV |
| Phosphorus | 222 mg or 20% DV ¹ |
| Potassium | 349 mg or 10% DV ¹ |
| Riboflavin | 0.44 mg or 25% DV ¹ |
| Vitamin B-12 | 1.1 micrograms (mcg) or 20% DV ¹ |

¹ The FDA labeling laws require manufacturers to round nutrition values to the nearest five percent. The actual minimum DV is 27.6% for calcium, 22.2% for phosphorus, 9.97% for potassium, 25.88% for riboflavin, and 18.33% for vitamin B12.

Common milk substitutes that are not nutritionally equal to cow's milk are coconut milk, almond milk, rice milk, and some soy milks.



Nutritionally Equivalent

Soy Milks

The following list is intended to get you started discovering which soy milks meet the meal pattern and is subject to change. ADE does not endorse specific brands.


| Milk Substitutes Meeting the USDA Nutrition Standards | |
|---|--|
| Allowable for Ages 1 and Older | |
| Manufacturer | Product |
| Kikkoman | Pearl Organic Soymilk, Smart Original, aseptic package |
| Kirkland Signature | Organic Soymilk, Plain |
| Pacific Natural Foods | Ultra Soy All Natural Nondairy Beverage, Plain, aseptic package |
| Stremick's Heritage Foods | 8 th Continent Soymilk, Original, refrigerated |
| Sunrich Naturals | Soymilk, Original, aseptic package |
| Milk Substitutes Meeting the USDA Nutrition Standards | |
| Allowable for Ages 6 and Older | |
| Manufacturer | Product |
| Kikkoman | Pearl Organic Soymilk, Smart Original, Chocolate, or Creamy Vanilla, aseptic package |
| Kirkland Signature | Organic Soymilk, Plain or Vanilla |
| Pacific Natural Foods | Ultra Soy All Natural Nondairy Beverage, Plain or Vanilla, aseptic package |
| Stremick's Heritage Foods | 8 th Continent Soymilk, Original or Vanilla, refrigerated |
| Sunrich Naturals | Soymilk, Original, Unsweetened Vanilla, or Vanilla, aseptic package |



Form: Section 2

Now we know when modifications do or do not meet the meal pattern. Let's go back to our form to see how we document this information.





Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are *required* for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are *optional* for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
|---|---------------------------|---|--|
| Participant's First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| | | | |
| | | | |
| Explain how exposure to the food(s) affects the participant: | | | |
| | | | |
| Parent/Guardian Name | | Date | |
| Parent/Guardian Signature | | | |


| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|---|----|---|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy |
| <input type="checkbox"/> Reported Food Intolerance | | <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</i> | <input type="checkbox"/> Reported Food Intolerance |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected |
| | | | <input type="checkbox"/> Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request. |
| | | | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

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If I am asked to not serve pineapple but any other fruit is okay, *I can still meet the meal pattern*. I would check this box and use the left side of Section 2.



Form: Section 2



Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are *required* for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are *optional* for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
|---|---------------------------|---|--|
| Participant's First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| | | | |
| | | | |
| Explain how exposure to the food(s) affects the participant: | | | |
| | | | |
| Parent/Guardian Name | | Date | |
| Parent/Guardian Signature | | | |


| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|--|----|---|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input checked="" type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected |
| | | <small>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

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But if I am asked to provide almond milk, *which doesn't meet the meal pattern*, I would check this box and use the right side of Section 2.



Form: Section 2



Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are *required* for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are *optional* for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
|---|---------------------------|---|--|
| Participant's First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| | | | |
| | | | |
| Explain how exposure to the food(s) affects the participant: | | | |
| | | | |
| Parent/Guardian Name | | Date | |
| Parent/Guardian Signature | | | |

| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|--|----|---|---|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input checked="" type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected |
| | | | <input type="checkbox"/> Non-Medical Personal Preference <small>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | | | |
| Facility Representative Name | | Date | |

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To complete Section 2, you also
need to categorize each request
as either a non-medical personal
preference or disability.



Disability Requests

Required to Accommodate

What is a disability?

- Major life activities like hearing, seeing, walking, speaking, learning, reading, eating and breathing are disrupted
- Major bodily functions like the digestive, immune, respiratory, circulatory, and neurological systems are disrupted

Facilities are *required* to accommodate disability requests.

If a participant has digestive issues when consuming a food (for example, constipation), you are considering this a disability and accommodating by providing a modification for the participant.



Let's practice a disability request.

A request is made for almond milk because a participant has a milk and soy allergy. How would you complete section 2?


| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|---|----|---|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference | <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision</i> |
| <input type="checkbox"/> Reported Food Intolerance | | <input type="checkbox"/> Reported Food Intolerance | |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i> |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name | | Date | |



Practice Scenario

Jonathan's mom completed and signed Section 1. I have to first decide if the requested modifications meet the meal pattern.




|  Child and Adult Care Food Program Participant Menu Modification | | | |
|---|---------------------------|---|---|
| This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are <i>required</i> for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are <i>optional</i> for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility. | | | |
| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
| Participant's First & Last Name | Jonathan Martinez | Date of Birth | 10/07/17 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| Cow's Milk/Soy Milk | Almond Milk | N/A | |
| All Dairy | Non-Dairy Substitutes | N/A | |
| Explain how exposure to the food(s) affects the participant: | | | |
| Allergy - Abdominal pain, vomiting, trouble breathing, rash | | | |
| Parent/Guardian Name | Sarah Johnston | Date | 01/17/2020 |
| Parent/Guardian Signature | Sarah Johnston | | |
| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input type="checkbox"/> Non-Medical Personal Preference <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</i> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected |
| | | or | <input type="checkbox"/> Non-Medical Personal Preference <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name | | Date | |
| | | | |
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I looked at the chart;
almond milk does not
meet the meal pattern so I
am filling out the right side
of Section 1.



Practice Scenario



Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are *required* for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are *optional* for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|---|---------------------------|---|
| Participant's First & Last Name | Jonathan Martinez | Date of Birth |
| | | 10/07/17 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Cow's Milk/Soy Milk | Almond Milk | N/A |
| All Dairy | Non-Dairy Substitutes | N/A |
| Explain how exposure to the food(s) affects the participant: | | |
| Allergy - Abdominal pain, vomiting, trouble breathing, rash | | |
| Parent/Guardian Name | Sarah Johnston | Date |
| | | 01/17/2020 |
| Parent/Guardian Signature | Sarah Johnston | |


| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|--|----|---|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input checked="" type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input type="checkbox"/> Non-Medical Personal Preference <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</i> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected |
| | | <input type="checkbox"/> Non-Medical Personal Preference <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | |
| Documentation Required: Sections 1 & 2 | | | |
| Facility Representative Name | | Date | |

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Practice Scenario

The parent reported an allergy, so I marked the “food allergy” box.





Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are *required* for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are *optional* for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|---|---------------------------|---|
| Participant's First & Last Name | Jonathan Martinez | Date of Birth |
| | | 10/07/17 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Cow's Milk/Soy Milk | Almond Milk | N/A |
| All Dairy | Non-Dairy Substitutes | N/A |
| Explain how exposure to the food(s) affects the participant: | | |
| Allergy - Abdominal pain, vomiting, trouble breathing, rash | | |
| Parent/Guardian Name | Sarah Johnston | Date |
| | | 01/17/2020 |
| Parent/Guardian Signature | Sarah Johnston | |


| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|--|----|---|---|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input checked="" type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input type="checkbox"/> Non-Medical Personal Preference <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</i> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input checked="" type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected |
| | | <input type="checkbox"/> Non-Medical Personal Preference <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | |
| Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | | | |
| Facility Representative Name | | Date | |

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Practice Scenario

That's correct. Food allergy is a disability and you are required to provide a modification. Make sure to write your name and the date.



|  Child and Adult Care Food Program Participant Menu Modification | | | | | |
|---|---------------------------|--|---|------------|--|
| This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are <i>required</i> for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are <i>optional</i> for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility. | | | | | |
| Section 1. Documentation – To Be Completed by Parent/Guardian | | | | | |
| Participant's First & Last Name | Jonathan Martinez | | Date of Birth | 10/07/17 | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | | | |
| Cow's Milk/Soy Milk | Almond Milk | N/A | | | |
| All Dairy | Non-Dairy Substitutes | N/A | | | |
| Explain how exposure to the food(s) affects the participant: | | | | | |
| Allergy - Abdominal pain, vomiting, trouble breathing, rash | | | | | |
| Parent/Guardian Name | Sarah Johnston | | Date | 01/17/2020 | |
| Parent/Guardian Signature | Sarah Johnston | | | | |
| Section 2. Assessment – To Be Completed by the CACFP Facility | | | | | |
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input checked="" type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | | | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation | or | Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> | <input checked="" type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference <small>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</small> |
| <input type="checkbox"/> Reported Food Intolerance | | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Intolerance | | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | | <input type="checkbox"/> Reported Major Bodily Function Affected | | |
| Documentation Required: Sections 1 & 2 | | | Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation | | |
| Facility Representative Name | | Sandra Givens | | Date | |
| | | | | 1/17/20 | |
| Updated: January 2020 | | | This institution is an equal opportunity provider. | | |

Non-Medical Personal Preference Requests

Optional to Accommodate

Facilities are *not required* to accommodate non-medical personal preference requests. When this type of request is made, it is the facility's choice to accommodate it.

A facility *may choose* to accommodate this optional request to provide excellent customer service. On the other hand, a facility may choose to not accommodate an optional request *that does not meet the meal pattern* because then the facility *cannot claim the meals served to that participant*.



Let's practice a preference request.

A request is made for no meat to be served to a participant because the family is vegetarian. How would you complete Section 2?

| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|---|----|---|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference | |
| <input type="checkbox"/> Reported Food Intolerance | | No medical reason for the request. Accommodating this preference request is a facility's customer service decision | |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name | | Date | |



Practice Scenario

I can provide a meat alternate to this participant when meat is on the menu. So, I can still meet the meal pattern.



Child and Adult Care Food Program Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are *required* for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are *optional* for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|---|----------------------------|---|
| Participant's First & Last Name | Jennifer Jones | Date of Birth |
| | | 08/15/16 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Meat | Meat Substitutes | N/A |
| | Beans, Peas, Lentils, Tofu | |
| Explain how exposure to the food(s) affects the participant: | | |
| N/A | | |
| Parent/Guardian Name | Thomas Kayes | Date |
| | | 01/21/2020 |
| Parent/Guardian Signature | Thomas Kayes | |

| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|--|----|---|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input checked="" type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input type="checkbox"/> Non-Medical Personal Preference <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</i> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected |
| | | <input type="checkbox"/> Non-Medical Personal Preference <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | |
| Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | | | |
| Facility Representative Name | | Date | |


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Practice Scenario

This request was not for a medical reason, allergy, or intolerance – it was a preference. *I will choose to accommodate this preference request.* Then, as a facility representative, I would write my name and date the form.





Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are *required* for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are *optional* for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|---|----------------------------|---|
| Participant's First & Last Name | Jennifer Jones | Date of Birth |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Meat | Meat Substitutes | N/A |
| | Beans, Peas, Lentils, Tofu | |
| Explain how exposure to the food(s) affects the participant: | | |
| N/A | | |
| Parent/Guardian Name | Thomas Kayes | Date |
| Parent/Guardian Signature | Thomas Kayes | |


| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|---|----|---|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input checked="" type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| <input type="checkbox"/> Reported Food Allergy | | <input checked="" type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy |
| <input type="checkbox"/> Reported Food Intolerance | | No medical reason for the request. Accommodating this preference request is a facility's customer service decision. | <input type="checkbox"/> Reported Food Intolerance |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input checked="" type="checkbox"/> Facility will provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected |
| | | <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Facility will provide modification |
| | | <input type="checkbox"/> Facility will <u>not</u> provide modification | |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name | | Date | |
| Sandra Gavin | | 1/21/2020 | |

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Practice Scenario

Correct, and the reason is a non-medical personal preference, so accommodating the request is optional.



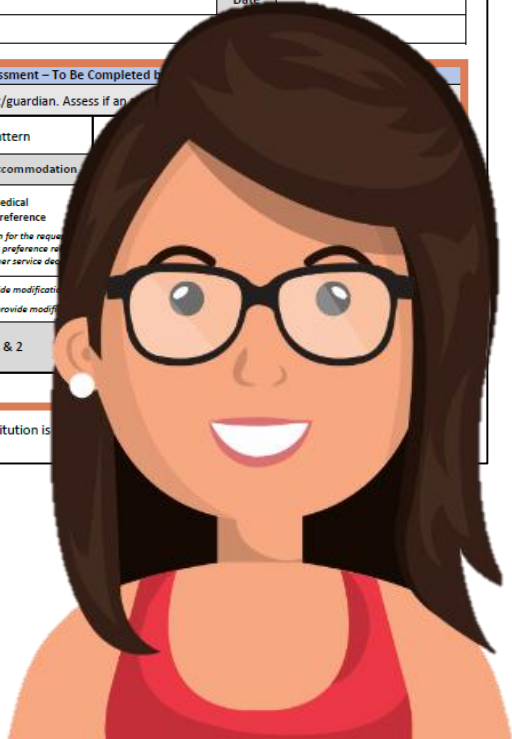
|  Child and Adult Care Food Program Participant Menu Modification | | | |
|---|----------------------------|---|---|
| This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are <i>required</i> for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are <i>optional</i> for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility. | | | |
| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
| Participant's First & Last Name | Jennifer Jones | Date of Birth | 08/15/16 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| Meat | Meat Substitutes | N/A | |
| | Beans, Peas, Lentils, Tofu | | |
| Explain how exposure to the food(s) affects the participant: | | | |
| N/A | | | |
| Parent/Guardian Name | Thomas Kayes | Date | 01/21/2020 |
| Parent/Guardian Signature | Thomas Kayes | | |
| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input checked="" type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input checked="" type="checkbox"/> Non-Medical Personal Preference <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</i> <input checked="" type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected |
| | | or | <input type="checkbox"/> Non-Medical Personal Preference <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | | | |
| Facility Representative Name | Sandra Gavin | Date | 1/21/2020 |


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Summary: Section 2

Section 2 is where you indicate if a request meets the meal pattern and if a request is required due to a disability.

This information is very important because it lets you know when you are required to accommodate a request and what documentation you will need to claim.




Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are *required* for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are *optional* for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|---|---------------------------|---|
| Participant's First & Last Name | | Date of Birth |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| | | |
| Explain how exposure to the food(s) affects the participant: | | |
| | | |
| Parent/Guardian Name | | Date |
| Parent/Guardian Signature | | |

| Section 2. Assessment – To Be Completed by Facility Representative | |
|--|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation is required or optional. | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | |
| Required Accommodation | Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy | <input type="checkbox"/> Non-Medical Personal Preference |
| <input type="checkbox"/> Reported Food Intolerance | <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</i> |
| <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Facility will provide modification |
| | <input type="checkbox"/> Facility will <i>not</i> provide modification |
| Documentation Required: Sections 1 & 2 | |
| Facility Representative Name | |
| Updated: January 2020 This institution is | |



Child and Adult Care Food Program Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are *required* for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are *optional* for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
|---|---------------------------|---|--|
| Participant's First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| | | | |
| | | | |
| Explain how exposure to the food(s) affects the participant: | | | |
| | | | |
| Parent/Guardian Name | | Date | |
| Parent/Guardian Signature | | | |

| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|---|---|---|---|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation or Optional Accommodation | | Required Accommodation or Optional Accommodation | |
| <input type="checkbox"/> Reported Food Allergy | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy | <input type="checkbox"/> Non-Medical Personal Preference |
| <input type="checkbox"/> Reported Food Intolerance | <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision</i> | <input type="checkbox"/> Reported Food Intolerance | <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i> |
| <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

Updated: January 2020

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Page 1 must be on file for every participant who requests a modification. It remains on-site.




Menu Modification Form

Section 3



Additional Documentation



**Child and Adult Care Food Program
Participant Menu Modification**

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|---|---------------------------|---|
| Participant's First & Last Name | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| | | |
| | | |
| Explain how exposure to the food(s) affects the participant: | | |
| | | |
| Parent/Guardian Name | Date | |
| Parent/Guardian Signature | | |

| Section 2. Assessment – To Be Completed by the CACFP Facility | | | | |
|--|----|---|----|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | | |
| Required Accommodation | or | Optional Accommodation | or | |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input type="checkbox"/> Non-Medical Personal Preference <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</i> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | or | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected |
| | | <input type="checkbox"/> Non-Medical Personal Preference <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | | |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | | |
| Facility Representative Name | | Date | | |

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There are two situations when having Sections 1 & 2 on file isn't enough documentation.

Situation 1

If the request is due to a disability.

Solution: Complete Section 3

Situation 2

If the request doesn't meet the meal pattern.

Solution: Medical Authority Documentation

Additional Documentation

We will talk about both of these situations. Let's first talk about when the request is due to a disability.

There are two situations when having Sections 1 & 2 on file isn't enough documentation.

If the request is due to a disability.

Solution: Complete Section 3

If the request doesn't meet the meal pattern.

Solution: Medical Authority Documentation



Participant Menu Modification Form

Section 3



Child and Adult Care Food Program Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
|---|---------------------------|---|--|
| Participant's First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| | | | |
| Explain how exposure to the food(s) affects the participant: | | | |
| | | | |
| Parent/Guardian Name | | Date | |
| Parent/Guardian Signature | | | |

| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|---|----|--|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy |
| <input type="checkbox"/> Reported Food Intolerance | | <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</i> | <input type="checkbox"/> Non-Medical Personal Preference |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification | <input type="checkbox"/> Reported Food Intolerance |
| | | <input type="checkbox"/> Facility will <u>not</u> provide modification | <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i> |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

Updated: January 2020

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Child and Adult Care Food Program Participant Menu Modification

| Section 3. Negotiation of Accommodation(s) | | | |
|--|--|--|--|
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) | | | |
| <i>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</i> | | | |
| The facility will provide: | | Indicate Specific Brand if applicable: | |
| <input type="checkbox"/> Parent/Guardian accepts accommodation | | <input type="checkbox"/> Parent/Guardian does not accept accommodation | |
| <i>The facility is purchasing the reasonable menu modification that is being provided.</i> | | <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> | |
| Notes: | | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | | | |
| Facility Representative Name | | Signature | |
| Parent/Guardian Name | | Signature | |

| Supplement A. Timeline – Medical Authority Documentation Requests | |
|--|--|
| This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the parent/guardian requests documentation from a medical authority. | |

| Arizona Department of Education - Child and Adult Care Food Program Medical Authority Documentation Participant Menu Modification | | | |
|---|---|---------------------------|---|
| A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern. | | | |
| <input type="checkbox"/> Initial Request | Patient First & Last Name | Date of Birth | |
| <input type="checkbox"/> 1-Month Request | List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| <input type="checkbox"/> 3-Month Request | Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| <input type="checkbox"/> 6-Month Request | | | |
| <input type="checkbox"/> Medical Authority meal pattern | Explain how exposure to the food(s) affects the patient: | | |
| Facility Representative | | | |
| The following recognized medical authorities can sign this document: Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician | | | |
| Medical Authority Name | | | Date |
| Medical Authority Signature | | | |
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Form: Section 3

Section 3 must be completed for all requests made due to a disability.

When a **disability** is reported, an *immediate and reasonable accommodation is required.*

This section is where you document what was offered and if the requestor accepted the accommodation. This process is called the **“Negotiation of Accommodation.”**

| Child and Adult Care Food Program Participant Menu Modification | | | |
|--|--|--|--|
| Section 3. Negotiation of Accommodation(s) | | | |
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <small>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</small> | | | |
| The facility will provide: | | Indicate Specific Brand if applicable: | |
| <input type="checkbox"/> Parent/Guardian accepts accommodation <small>The facility is purchasing the reasonable menu modification that is being provided.</small> | <input type="checkbox"/> Parent/Guardian does not accept accommodation <small>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</small> | | |
| Notes: | | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | | | |
| Facility Representative Name | | Signature | |
| Parent/Guardian Name | | Signature | |

| Supplement A. Timeline – Medical Authority Documentation Requests | | |
|---|-------|-----------------|
| This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the facility is waiting for Medical Authority Documentation to be completed and returned. Completion of this section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation. | | |
| <input type="checkbox"/> Initial Request for Medical Authority Documentation | Date: | Staff Initials: |
| <input type="checkbox"/> 1-Month Request for Medical Authority Documentation | Date: | Staff Initials: |
| <input type="checkbox"/> 3-Month Request for Medical Authority Documentation | Date: | Staff Initials: |
| <input type="checkbox"/> 6-Month Request for Medical Authority Documentation | Date: | Staff Initials: |
| <input type="checkbox"/> Medical Authority Documentation has not been provided within 6 months. The meals and snacks that do not meet the meal pattern, provided to this participant to accommodate a disability, can no longer be claimed for reimbursement. | | |
| Facility Representative Name | | Signature |

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Reasonable + Immediate Accommodations

Accommodation

Accommodating a disability is when you provide a reasonable and immediate modification.

Reasonable

The modification provided should be related to the disability or limitations caused by the disability.

Example: If a limitation of a disability is that someone cannot tolerate milk, then a reasonable accommodation avoids milk and provides something that is not milk-based.



Reasonable + Immediate Accommodations

Accommodation

Accommodating a disability is when you provide a reasonable and immediate modification.

Immediate

When a disability is reported; immediately accommodate. This safeguards the health and safety of your participants.

Example: If someone tells you that one of your participants has an allergy or intolerance to a food item; effective immediately you are avoiding that item and modifying. You are not waiting on any documentation to be returned to start providing the modification.



Reasonable + Immediate Accommodations

Accommodation

Accommodating a disability is when you provide a reasonable and immediate modification.



Must generally be free of charge

Example: The facility purchases the modification, such as soy milk, and does not charge the family for this cost.



Does not need to match the original menu item.

Example: The request is for cheese to be avoided due to intolerance. The entrée on the menu is macaroni and cheese. The modification does not need to look like the macaroni and cheese. You can serve another entrée, like chicken and rice.



Negotiation of Accommodation

Example: Request for Soy Milk

Facility

Offers to provide a reasonable accommodation of soy milk



Negotiation of Accommodation

Example: Request for Soy Milk

Facility

Offers to provide a reasonable accommodation of soy milk



Requestor

Prefers a certain brand



Negotiation of Accommodation

Example: Request for Soy Milk

Facility

Offers to provide a reasonable accommodation of soy milk

Requestor

Prefers a certain brand

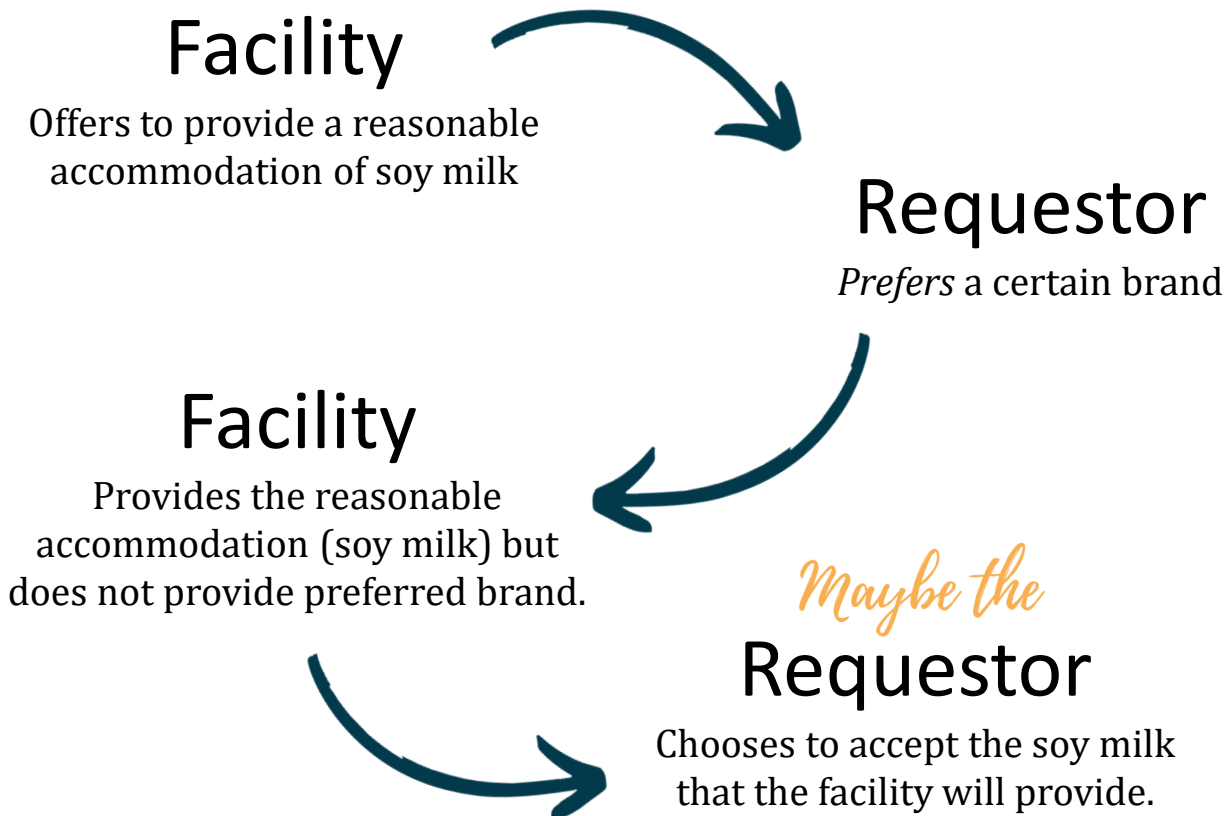
Facility

Provides the reasonable accommodation (soy milk) but does not provide preferred brand.



Negotiation of Accommodation

Example: Request for Soy Milk



Negotiation of Accommodation

Example: Request for Soy Milk

Facility

Offers to provide a reasonable accommodation of soy milk

Requestor

Prefers a certain brand

Facility

Provides the reasonable accommodation (soy milk) but does not provide preferred brand.

Or maybe the Requestor

Chooses to deny the soy milk that the facility will provide and instead brings the preferred brand from home.



Negotiation of Accommodation

Example: Request for Soy Milk

Facility

Offers to provide a reasonable accommodation of soy milk

Requestor

Prefers a certain brand

Facility

Provides the reasonable accommodation (soy milk) but does not provide preferred brand.



Both of those situations are okay.
What is important is that you **offered** a reasonable accommodation, whether they accepted it or not.



Form: Section 3

This negotiation is documented in Section 3 of the form.

Section 3 takes less than a minute to complete.

It simply documents the discussion that occurred between the facility representative and the person making the request.



| Section 3. Negotiation of Accommodation(s) | | | |
|--|--|--|--|
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <i>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</i> | | | |
| The facility will provide: | | Indicate Specific Brand <i>if applicable</i> : | |
| <input type="checkbox"/> Parent/Guardian accepts accommodation <i>The facility is purchasing the reasonable menu modification that is being provided.</i> | | <input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> | |
| Notes: | | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | | | |
| Facility Representative Name | | Signature | |
| Parent/Guardian Name | | Signature | |

Form: Section 3

Example: Request for Soy Milk

Section 1 & 2 are completed. The modification meets the meal pattern and is due to a milk intolerance (disability). The facility offers to provide a reasonable accommodation of 8th Continent Original soy milk.

Section 3 takes less than a minute to complete.

It simply documents the discussion that occurred between the facility representative and the person making the request.

| Section 3. Negotiation of Accommodation(s) | | | |
|--|----------|--|------------------------------------|
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <i>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</i> | | | |
| The facility will provide: | Soy Milk | Indicate Specific Brand if applicable: | 8 th Continent Original |
| <input type="checkbox"/> Parent/Guardian accepts accommodation <i>The facility is purchasing the reasonable menu modification that is being provided.</i> | | <input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> | |
| Notes: | | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | | | |
| Facility Representative Name | | Signature | |
| Parent/Guardian Name | | Signature | |

Form: Section 3

Example: Request for Soy Milk

Section 1 & 2 are completed. The modification meets the meal pattern and is due to a milk intolerance (disability). The facility offers to provide a reasonable accommodation of 8th Continent Original soy milk.

The requestor *prefers* a certain brand.

The facility notifies the requestor 8th Continent Original Soymilk is what the facility purchases. The reasonable accommodation (soy milk) will be provided, but not the preferred brand.

Section 3 takes less than a minute to complete.

It simply documents the discussion that occurred between the facility representative and the person making the request.

| Section 3. Negotiation of Accommodation(s) | | | |
|---|----------|--|------------------------------------|
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <i>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</i> | | | |
| The facility will provide: | Soy Milk | Indicate Specific Brand if applicable: | 8 th Continent Original |
| <input type="checkbox"/> Parent/Guardian accepts accommodation <i>The facility is purchasing the reasonable menu modification that is being provided.</i> | | <input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> | |
| Notes: Parent requested Sprouts brand organic soy milk. Facility denied this preference request and notified family that they can either accept facility provided soy milk or bring their own brand of soy milk from home for their child. Parent accepted 8 th Continent Original Soy Milk (Facility-Provided). | | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | | | |
| Facility Representative Name | | Signature | |
| Parent/Guardian Name | | Signature | |

Form: Section 3

Example: Request for Soy Milk

Section 1 & 2 are completed. The modification meets the meal pattern and is due to a milk intolerance (disability). The facility offers to provide a reasonable accommodation of 8th Continent Original soy milk.

The requestor *prefers* a certain brand.

The facility notifies the requestor 8th Continent Original Soymilk is what the facility purchases. The reasonable accommodation (soy milk) will be provided, but not the preferred brand.

After the discussion, the requestor chooses to accept the brand of soy milk that the facility will provide.

Section 3 takes less than a minute to complete.

It simply documents the discussion that occurred between the facility representative and the person making the request.

| Section 3. Negotiation of Accommodation(s) | | | |
|---|----------|--|------------------------------------|
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <i>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</i> | | | |
| The facility will provide: | Soy Milk | Indicate Specific Brand if applicable: | 8 th Continent Original |
| <input checked="" type="checkbox"/> Parent/Guardian accepts accommodation <i>The facility is purchasing the reasonable menu modification that is being provided.</i> | | <input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> | |
| Notes: Parent requested Sprouts brand organic soy milk. Facility denied this preference request and notified family that they can either accept facility provided soy milk or bring their own brand of soy milk from home for their child. Parent accepted 8 th Continent Original Soy Milk (Facility-Provided). | | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | | | |
| Facility Representative Name | | Signature | |
| Parent/Guardian Name | | Signature | |

Form: Section 3

Example: Request for Soy Milk

Section 1 & 2 are completed. The modification meets the meal pattern and is due to a milk intolerance (disability). The facility offers to provide a reasonable accommodation of 8th Continent Original soy milk.

The requestor *prefers* a certain brand.

The facility notifies the requestor 8th Continent Original Soymilk is what the facility purchases. The reasonable accommodation (soy milk) will be provided, but not the preferred brand.

After the discussion, the requestor chooses to accept the brand of soy milk that the facility will provide.


The Facility Representative and Requestor sign Section 3.

Section 3 takes less than a minute to complete.

It simply documents the discussion that occurred between the facility representative and the person making the request.

| Section 3. Negotiation of Accommodation(s) | | | |
|---|--------------------|--|------------------------------------|
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <i>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</i> | | | |
| The facility will provide: | Soy Milk | Indicate Specific Brand if applicable: | 8 th Continent Original |
| <input checked="" type="checkbox"/> Parent/Guardian accepts accommodation <i>The facility is purchasing the reasonable menu modification that is being provided.</i> | | <input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> | |
| Notes: Parent requested Sprouts brand organic soy milk. Facility denied this preference request and notified family that they can either accept facility provided soy milk or bring their own brand of soy milk from home for their child. Parent accepted 8 th Continent Original Soy Milk (Facility-Provided). | | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | | | |
| Facility Representative Name | Sandra Gavin | Signature | Sandra Gavin |
| Parent/Guardian Name | Jeanette Dominguez | Signature | Jeanette Dominguez |

Summary: Section 3


|  Child and Adult Care Food Program Participant Menu Modification | | |
|--|--|---|
| <p>This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.</p> | | |
| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
| Participant's First & Last Name | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Explain how exposure to the food(s) affects the participant: | | |
| Parent/Guardian Name | | Date |
| Parent/Guardian Signature | | |
| Section 2. Assessment – To Be Completed by the CACFP Facility | | |
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern |
| Required Accommodation | or | Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected |
| <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | | <input type="checkbox"/> Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request. <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation |
| Facility Representative Name | | Date |
| Updated: January 2020 This institution is an equal opportunity provider. | | |

| Child and Adult Care Food Program Participant Menu Modification | | |
|---|---|---------------------------|
| Section 3. Negotiation of Accommodation(s) | | |
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <small>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</small> | | |
| The facility will provide: | Indicate Specific Brand if applicable: | |
| <input type="checkbox"/> Parent/Guardian accepts accommodation <small>The facility is purchasing the reasonable menu modification that is being provided.</small> | <input type="checkbox"/> Parent/Guardian does not accept accommodation <small>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</small> | |
| Notes: | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | | |
| Facility Representative Name | Signature | |
| Parent/Guardian Name | Signature | |
| Supplement A. Timeline – Medical Authority Documentation Requests | | |
| This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the facility is waiting for Medical Authority Documentation to be completed and returned. Completion of this section is required for reimbursement. | | |
| <input type="checkbox"/> Initial Request <input type="checkbox"/> 1-Month Request <input type="checkbox"/> 3-Month Request <input type="checkbox"/> 6-Month Request <input type="checkbox"/> Medical Authority Documentation not required for meal pattern, p | Arizona Department of Education - Child and Adult Care Food Program Medical Authority Documentation Participant Menu Modification A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern. | |
| | Patient First & Last Name | Date of Birth |
| | List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | |
| | Food(s) to be avoided | Allowable Modification(s) |
| | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| | Explain how exposure to the food(s) affects the patient: | |
| Facility Representative | The following recognized medical authorities can sign this document: Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician | |
| | Medical Authority Name | Date |
| | Medical Authority Signature | |
| This institution is an equal opportunity provider. | | |

All modifications require sections 1 & 2 be completed.

Modifications that are due to a disability also have Section 3 completed.

Additional Documentation



Now, let's talk about the additional documentation needed when a request doesn't meet the meal pattern.

There are two situations when having Sections 1 & 2 on file isn't enough documentation.

If the request is due to a disability.

Solution: Complete Section 3

If the request doesn't meet the meal pattern.

Solution: Medical Authority Documentation

Medical Authority Documentation



Medical Authority Documentation

What is required?

Medical Authority Documentation must include:

- Participant's first and last name and date of birth
- The food(s) to be avoided
- Brief explanation of how exposure to the food affects the participant
- Recommended substitutes.

It then must be signed by a recognized medical authority.

In Arizona, recognized medical authorities include Physician (MD), Osteopathic Physician (DO), Nurse Practitioner (NP), Physician Assistant (PA), Dentist (DDS or DMD), Naturopathic Physician (ND) or Homeopathic Physician.

Why is it required?

When the meal pattern is not met, documentation from a medical authority is required to claim the meals and snacks for reimbursement.

Participant Menu Modification Form

Medical Authority Documentation



Child and Adult Care Food Program Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|---|---------------------------|---|
| Participant's First & Last Name | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Explain how exposure to the food(s) affects the participant: | | |
| Parent/Guardian Name | | |
| Parent/Guardian Signature | | Date |

| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|---|----|--|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy |
| <input type="checkbox"/> Reported Food Intolerance | | <input type="checkbox"/> No medical reason for the request. Accommodating this preference request is a facility's customer service decision. | <input type="checkbox"/> Reported Food Intolerance |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected |
| | | <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

Updated: January 2020

This institution is an equal opportunity provider.

Child and Adult Care Food Program Participant Menu Modification

| Section 3. Negotiation of Accommodation(s) | | | |
|--|--|---|--|
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) | | | |
| Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand) | | | |
| The facility will provide: | Indicate Specific Brand if applicable: | | |
| <input type="checkbox"/> Parent/Guardian accepts accommodation | | <input type="checkbox"/> Parent/Guardian does not accept accommodation | |
| The facility is purchasing the reasonable menu modification that is being provided. | | The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home. | |
| Notes: | | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | | | |
| Facility Representative Name | | Signature | |
| Parent/Guardian Name | | Signature | |

| Supplement A. Timeline – Medical Authority Documentation Requests | |
|--|--|
| This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the facility is waiting for Medical Authority Documentation to be completed and returned. Completion of this section | |

| Arizona Department of Education - Child and Adult Care Food Program Medical Authority Documentation Participant Menu Modification | | | |
|---|---------------------------|---|--|
| A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern. | | | |
| Patient First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| Explain how exposure to the food(s) affects the patient: | | | |
| The following recognized medical authorities can sign this document: Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician | | | |
| Medical Authority Name | | Date | |
| Medical Authority Signature | | | |
| This institution is an equal opportunity provider. | | | |

Medical Authority Documentation

When you know that a request does not meet the meal pattern, you give this form to the requestor. The requestor will take it to a medical authority to complete and sign before returning it to your facility.

Medical Authority Documentation must contain all required information. This form can be used but you can also accept the required information on other forms.



| Arizona Department of Education - Child and Adult Care Food Program Medical Authority Documentation Participant Menu Modification | | | |
|---|---------------------------|---|--|
| A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern. | | | |
| Patient First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| | | | |
| | | | |
| Explain how exposure to the food(s) affects the patient: | | | |
| | | | |
| The following recognized medical authorities can sign this document: Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician | | | |
| Medical Authority Name | | Date | |
| Medical Authority Signature | | | |
| This institution is an equal opportunity provider. | | | |

Medical Authority Documentation

When these Medical Authority forms are returned to our facility, where do I keep them?



Medical Authority Documentation

It is best practice that you staple it to the participant's modification form.



| Arizona Department of Education - Child and Adult Care Food Program Medical Authority Documentation Participant Menu Modification | | | |
|---|---|--|---|
| A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern. | | | |
| Patient First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| Explain how exposure to the food(s) affects the patient: | | | |
| The following recognized medical authorities can sign this document: Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician | | | |
| Medical Authority Name | | Date | |
| Medical Authority Signature | | This institution is an equal opportunity provider. | |
| Explain how exposure to the food(s) affects the participant: | | | |
| Parent/Guardian Name | | Date | |
| Parent/Guardian Signature | | | |
| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| or | | Optional Accommodation | or |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Non-Medical Personal Preference <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</i> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Non-Medical Personal Preference <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name | | Date | |
| Updated: January 2020 | | This institution is an equal opportunity provider. | |

Medical Authority Documentation

If a disability is reported, an immediate and reasonable accommodation is required. So, let's say I start providing almond milk to my participant who has a soy and milk allergy.



Medical Authority Documentation

The almond milk is purchased by the facility but almond milk doesn't meet the meal pattern. Can I claim these meals before I get the medical authority documentation form back?



Medical Authority Documentation

You're right, the reported disability must be immediately accommodated and at the cost of the facility.



Medical Authority Documentation

ADE requires facilities to obtain Medical Authority Documentation for menu modifications that do not meet the meal pattern.

But we also understand that families may face potential hardship in obtaining medical authority documentation, like a lack of access to affordable healthcare, lack of transportation to the healthcare facility, or a lack of available time off work to get the form completed.

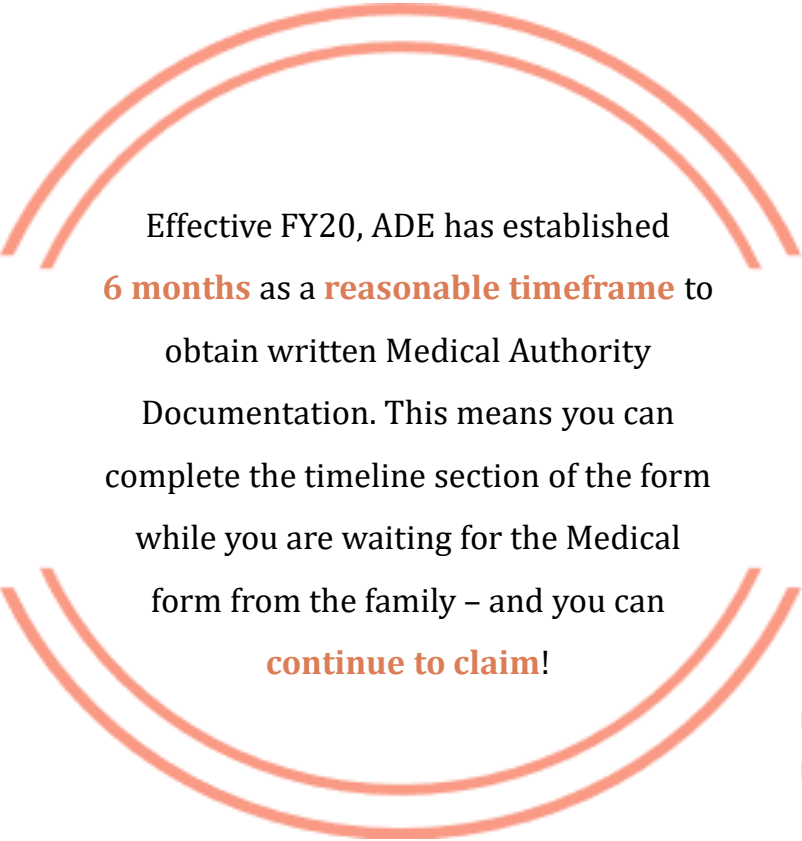


Medical Authority Documentation

If family hardships arise,
ADE has a **new solution**
for facilities!



New! Flexibility in Claiming



Effective FY20, ADE has established **6 months** as a **reasonable timeframe** to obtain written Medical Authority Documentation. This means you can complete the timeline section of the form while you are waiting for the Medical form from the family – and you can **continue to claim!**



New! Flexibility in Claiming

While a facility is:



Providing a required accommodation (i.e. disability) that does not meet the meal pattern



Waiting for Medical Authority Documentation to be returned

the **Timeline** section **must** be completed for claiming to continue *for up to 6 claiming months.*

| Child and Adult Care Food Program Participant Menu Modification | | | |
|--|--|--|--|
| Section 3. Negotiation of Accommodation(s) | | | |
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <small>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</small> | | | |
| The facility will provide: | | Indicate Specific Brand if applicable: | |
| <input type="checkbox"/> Parent/Guardian accepts accommodation <small>The facility is purchasing the reasonable menu modification that is being provided.</small> | | <input type="checkbox"/> Parent/Guardian does not accept accommodation <small>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</small> | |
| Notes: | | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | | | |
| Facility Representative Name | | Signature | |
| Parent/Guardian Name | | Signature | |

| Supplement A. Timeline – Medical Authority Documentation Requests | | |
|---|-------|-----------------|
| This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the facility is waiting for Medical Authority Documentation to be completed and returned. Completion of this section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation. | | |
| <input type="checkbox"/> Initial Request for Medical Authority Documentation | Date: | Staff Initials: |
| <input type="checkbox"/> 1-Month Request for Medical Authority Documentation | Date: | Staff Initials: |
| <input type="checkbox"/> 3-Month Request for Medical Authority Documentation | Date: | Staff Initials: |
| <input type="checkbox"/> 6-Month Request for Medical Authority Documentation | Date: | Staff Initials: |
| <input type="checkbox"/> Medical Authority Documentation has not been provided within 6 months. The meals and snacks that do not meet the meal pattern, provided to this participant to accommodate a disability, can no longer be claimed for reimbursement. | | |
| Facility Representative Name | | Signature |

This institution is an equal opportunity provider.

| Supplement A. Timeline – Medical Authority Documentation Requests | | | |
|---|-------|-----------------|--|
| This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the facility is waiting for Medical Authority Documentation to be completed and returned. Completion of this section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation. | | | |
| <input type="checkbox"/> Initial Request for Medical Authority Documentation | Date: | Staff Initials: | |
| <input type="checkbox"/> 1-Month Request for Medical Authority Documentation | Date: | Staff Initials: | |
| <input type="checkbox"/> 3-Month Request for Medical Authority Documentation | Date: | Staff Initials: | |
| <input type="checkbox"/> 6-Month Request for Medical Authority Documentation | Date: | Staff Initials: | |
| <input type="checkbox"/> Medical Authority Documentation has not been provided within 6 months. The meals and snacks that do not meet the meal pattern, provided to this participant to accommodate a disability, can no longer be claimed for reimbursement. | | | |
| Facility Representative Name | | Signature | |

This timeline section is where you document that you are requesting Medical Authority Documentation and have not yet received it. You will mark the box next to each request you make, along with the date you made the request, and then write your initials. When you receive the medical authority documentation, you simply stop completing this section!



Medical Authority Documentation

Wow! That's great! It doesn't happen often, but when it takes a few months to get a form back, it's nice to be able to continue claiming while we are purchasing the requested food or beverage.



Medical Authority Documentation

What happens if the family
still has not returned the
Medical Authority Form after
the 6 month timeframe?




Medical Authority Documentation

In that situation, the facility **stops claiming** the meals and snacks that do not meet the meal pattern. Once the form is completed and signed by a Medical Authority and returned to the facility – claiming can start again.



Summary: Medical Authority Documentation

|  Child and Adult Care Food Program Participant Menu Modification | | | |
|--|--|---|--|
| <p>This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.</p> | | | |
| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
| Participant's First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| Explain how exposure to the food(s) affects the participant: | | | |
| Parent/Guardian Name | | Date | |
| Parent/Guardian Signature | | | |
| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation or Optional Accommodation | Required Accommodation or Optional Accommodation | Required Accommodation or Optional Accommodation | Required Accommodation or Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy | <input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> | <input type="checkbox"/> Reported Food Allergy | <input type="checkbox"/> Non-Medical Personal Preference <small>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</small> |
| <input type="checkbox"/> Reported Food Intolerance | | <input type="checkbox"/> Reported Food Intolerance | |
| <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name | | Date | |
| Updated: January 2020 This institution is an equal opportunity provider. | | | |

| Child and Adult Care Food Program Participant Menu Modification | | | |
|--|--|-----------|--|
| Section 3. Negotiation of Accommodation(s) | | | |
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <small>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</small> | | | |
| The facility will provide: | Indicate Specific Brand if applicable: | | |
| <input type="checkbox"/> Parent/Guardian accepts accommodation <small>The facility is purchasing the reasonable menu modification that is being provided.</small> | <input type="checkbox"/> Parent/Guardian does not accept accommodation <small>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</small> | | |
| Notes: | | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | | | |
| Facility Representative Name | | Signature | |
| Parent/Guardian Name | | Signature | |

| Supplement A. Timeline – Medical Authority Documentation Requests | | | |
|---|---------------------------|---|--|
| This section should be used if the facility is waiting for a medical authority to provide documentation that allows a facility to provide a meal pattern and the facility is waiting for a medical authority to provide documentation that allows a facility to provide a meal pattern. | | | |
| <input type="checkbox"/> Initial Request for Medical Authority Documentation | | | |
| <input type="checkbox"/> 1-Month Request for Medical Authority Documentation | | | |
| <input type="checkbox"/> 3-Month Request for Medical Authority Documentation | | | |
| <input type="checkbox"/> 6-Month Request for Medical Authority Documentation | | | |
| <input type="checkbox"/> Medical Authority Documentation received, meal pattern, provided to the participant | | | |
| Facility Representative Name | | | |
| Arizona Department of Education - Child and Adult Care Food Program Medical Authority Documentation Participant Menu Modification | | | |
| A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern. | | | |
| Patient First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| Explain how exposure to the food(s) affects the patient: | | | |
| The following recognized medical authorities can sign this document: Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician | | | |
| Medical Authority Name | | Date | |
| Medical Authority Signature | | | |
| This institution is an equal opportunity provider. | | | |

All modifications require sections 1 & 2 be completed.
Disability modifications require Section 3 be completed.

Modifications that do not meet the meal pattern require Medical Authority Documentation.

Let's Practice!

Participant Menu Modification Form



1

Request: Avoid All Dairy

Reason: Milk Allergy



Child and Adult Care Food Program Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by Parent/Guardian

| | | |
|---|---------------------------|---|
| Participant's First & Last Name | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| | | |
| Explain how exposure to the food(s) affects the participant: | | |
| | | |
| Parent/Guardian Name | Date | |
| Parent/Guardian Signature | | |

Section 2. Assessment – To Be Completed by the CACFP Facility

| | | | |
|---|------|--|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference | |
| <input type="checkbox"/> Reported Food Intolerance | | <input type="checkbox"/> Reported Food Intolerance | |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification | |
| | | <input type="checkbox"/> Facility will <u>not</u> provide modification | |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name | Date | | |

Updated: January 2020

This institution is an equal opportunity provider.

Child and Adult Care Food Program Participant Menu Modification

Section 3. Negotiation of Accommodation(s)

| | |
|---|--|
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <i>(Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand))</i> | |
| The facility will provide: | Indicate Specific Brand if applicable: |
| <input type="checkbox"/> Parent/Guardian accepts accommodation <i>The facility is purchasing the reasonable menu modification that is being provided.</i> | <input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> |
| Notes: | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks may not be claimed for reimbursement. Meals and snacks with two or more components provided from home may be claimed for reimbursement. | |
| Facility Representative Name | Signature |
| Parent/Guardian Name | Signature |


Supplement A. Timeline – Medical Authority

| | |
|---|-----------|
| This section should be used by a facility when a required accommodation is requested and the facility is waiting for Medical Authority Documentation. This section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation. | |
| <input type="checkbox"/> Initial Request for Medical Authority | |
| <input type="checkbox"/> 1-Month Request | |
| <input type="checkbox"/> 3-Month Request | |
| <input type="checkbox"/> 6-Month Request | |
| <input type="checkbox"/> Medical Authority Document received, meal pattern, provided | |
| Facility Representative Name | Signature |
| The following is a list of the medical professionals who can provide Medical Authority Documentation: Dentist, Homeopathic Physician, Naturopathic Physician, Physician, etc. | |
| Medical Authority Name | |
| Medical Authority Signature | |

1

Request: Avoid All Dairy

Reason: Milk Allergy


 Child and Adult Care Food Program
 Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulations. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's needs. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by Parent/Guardian

| | | |
|---|---------------------------|---|
| Participant's First & Last Name | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| | | |
| Explain how exposure to the food(s) affects the participant: | | |
| | | |
| Parent/Guardian Name | Date | |
| Parent/Guardian Signature | | |

Section 2. Assessment – To Be Completed by the CACFP Facility

Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.

| Modification meets the CACFP Meal Pattern | | Modification does <u>not</u> meet the CACFP Meal Pattern | |
|--|--|---|--|
| Required Accommodation | Optional Accommodation | Required Accommodation | Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy | <input type="checkbox"/> Non-Medical Personal Preference |
| <input type="checkbox"/> Reported Food Intolerance | <input type="checkbox"/> No medical reason for the request. Accommodating this preference request is a facility's customer service decision. | <input type="checkbox"/> Reported Food Intolerance | <input type="checkbox"/> Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request. |
| <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

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Let's do the **first example together**. First, we ask the requestor to complete and sign Section 1.

Program Modification

Modification(s)

Modification (Menu Modification)

Modification requested (e.g. a preferred brand)

Facility Representative Name

Parent/Guardian Name

Supplement A. Timeline – Medical Authority

This section should be used by a facility when a required meal pattern and the facility is waiting for Medical Authority Documentation. It allows a facility to claim for up to 6 months while waiting for the Medical Authority.

☐ Initial Request for Medical Authority

☐ 1-Month Request

☐ 3-Month Request

☐ 6-Month Request

☐ Medical Authority requested, but no meal pattern, provided

Facility Representative Name

Explain how exposure to the food(s) affects the participant:

The following is a list of the facility's medical authority: Dentist, Homeopathic Physician, Naturopathic Physician, Physician


Medical Authority Name

Medical Authority Signature

1

Request: Avoid All Dairy

Reason: Milk Allergy


 Child and Adult Care Food Program
 Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|---|---------------------------|---|
| Participant's First & Last Name | Samuel King | Date of Birth 11/13/17 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| All Dairy | Soy | N/A |
| Explain how exposure to the food(s) affects the participant: | | |
| Hives and skin rash, wheezing, difficulty breathing | | |
| Parent/Guardian Name | McKenzie King | Date 01/08/20 |
| Parent/Guardian Signature | McKenzie King | |

| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|---|----|---|---|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input checked="" type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | |
| <input checked="" type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected <input type="checkbox"/> Non-Medical Personal Preference <small>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

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Soy Milk and other dairy alternatives meet the meal pattern & milk allergy is a disability so I mark those boxes in Section 2.

The facility acknowledges that if one component or less is provided from home, meals and snacks with two or more components provided from home may be claimed for reimbursement.

| Facility Representative Name | Signature |
|------------------------------|-----------|
| Parent/Guardian Name | Signature |

Supplement A. Timeline – Medical Authority

This section should be used by a facility when a required accommodation is beyond the meal pattern and the facility is waiting for Medical Authority Documentation. It allows a facility to claim for up to 6 months while waiting for the Medical Authority Documentation.


☐ Initial Request for Medical Authority
☐ 1-Month Request
☐ 3-Month Request
☐ 6-Month Request
☐ Medical Authority Document received, meal pattern, provided

| Arizona Department of Health Services Medical Authority | |
|--|-------------|
| A facility participating in the Child and Adult Care Food Program has requested a menu modification for the following participant: | |
| Patient First & Last Name | |
| List the food(s) to be avoided | |
| Food(s) to be avoided | |
| Facility Representative Name | Explanation |
| The following professionals have reviewed the request and provided their input: | |
| Dentist, Homeopathic Physician, Naturopathic Physician, Physician | |
| Medical Authority Name | |
| Medical Authority Signature | |

1

Request: Avoid All Dairy

Reason: Milk Allergy


 Child and Adult Care Food Program
 Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|---|---|---|
| Participant's First & Last Name | Samuel King | Date of Birth 11/13/17 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| All Dairy | Soy | N/A |
| Explain how exposure to the food(s) affects the participant: | | |
| Hives and skin rash, wheezing, difficulty breathing | | |
| Parent/Guardian Name | McKenzie King | Date 01/08/20 |
| Parent/Guardian Signature | McKenzie King | |
| Section 2. Assessment – To Be Completed by the CACFP Facility | | |
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | |
| <input checked="" type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern |
| <input checked="" type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected <small>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation |
| Facility Representative Name | Ashley Saenz | Date 01/08/20 |

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I sign and date the form.
We completed Sections 1 and 2. This modification is due to a disability so I'll complete Section 3 next.

The facility acknowledges that if one component or less is provided from home, meals and snacks with two or more components provided from home may be claimed for reimbursement.

| Facility Representative Name | Signature |
|------------------------------|-----------|
| Parent/Guardian Name | Signature |

Supplement A. Timeline – Medical Authority

This section should be used by a facility when a required meal pattern and the facility is waiting for Medical Authority Documentation. It allows a facility to claim for up to 6 months while waiting for documentation.


- ☐ Initial Request for Medical Authority
- ☐ 1-Month Request
- ☐ 3-Month Request
- ☐ 6-Month Request
- ☐ Medical Authority Documented

| Arizona Department of Health Services Medical Authority | |
|--|---------------------|
| A facility participating in the Child and Adult Care Food Program has requested a menu modification. | |
| Patient First & Last Name | |
| List the food(s) to be avoided | |
| Food(s) to be avoided | |
| Facility Representative Name | Explain the request |
| The following professionals should be consulted: Dentist, Homeopathic Physician, Naturopathic Physician, Physician | |
| Medical Authority Name | |
| Medical Authority Signature | |

1

Request: Avoid All Dairy

Reason: Milk Allergy


**Child and Adult Care Food Program
Participant Menu Modification**

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by Parent/Guardian

| | | | |
|--|------------------------|--|-----------------|
| Participant's First & Last Name | Samuel King | Date of Birth | 11/13/17 |
| List the food(s) to be omitted from the diet and the food(s) that will be substituted. | | | |
| Food(s) to be avoided | Allowable Modification | | |
| All Dairy | Soy Milk | | |
| Explain how the modification meets the requirements of the regulation. | | | |
| Hives and skin rash, vomit | | | |
| Parent/Guardian Name | McKenzie King | | |
| Parent/Guardian Signature | <i>[Signature]</i> | | |
| Discuss the modification request with the facility representative. | | | |
| <input checked="" type="checkbox"/> Modification requested | | | |
| <input checked="" type="checkbox"/> Required Accommodation | | | |
| <input checked="" type="checkbox"/> Reported Food Allergy | | | |
| <input type="checkbox"/> Reported Food Intolerance | | | |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | | |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 3, 4, and 5 | |
| Facility Representative Name | Ashley Saenz | Date | 01/08/20 |

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To reasonably accommodate, I will offer soy milk when milk is offered and beans, peas, or tofu instead of cheese and yogurt. The requestor accepts this accommodation and we both sign.

**Child and Adult Care Food Program
Participant Menu Modification**

Section 3. Negotiation of Accommodation(s)

Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification)
(Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand))

| | | | |
|---|--|--|--|
| The facility will provide: | Soy Milk, Beans, Peas, Tofu | Indicate Specific Brand if applicable: | Kirkland Organic Plain Soy Milk |
| <input checked="" type="checkbox"/> Parent/Guardian accepts accommodation <i>The facility is purchasing the reasonable menu modification that is being provided.</i> | <input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> | | |
| Notes: | | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks may not be claimed for reimbursement. Meals and snacks with two or more components provided from home may be claimed for reimbursement. | | | |
| Facility Representative Name | McKenzie King | Signature | <i>[Signature]</i> |
| Parent/Guardian Name | Ashley Saenz | Signature | <i>[Signature]</i> |

Supplement A. Timeline – Medical Authority

This section should be used by a facility when a required accommodation is requested and the facility is waiting for Medical Authority Documentation. It allows a facility to claim for up to 6 months while waiting for documentation.

| | | | | |
|---|---------------|---------------|---------------|---------------|
| Request for | Month Request | Month Request | Month Request | Month Request |
| Patient First & Last Name | | | | |
| List the food(s) to be avoided | | | | |
| Food(s) to be avoided | | | | |
| Medical Authority meal pattern, provide | | | | |
| Facility Representative Name | | | | |
| Medical Authority Name | | | | |
| Medical Authority Signature | | | | |

The following professionals are required to sign the Medical Authority Documentation: Dentist, Homeopathic Physician, Naturopathic Physician, or Physician.

Request: Vegetarian Reason: Religious



Child and Adult Care Food Program Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by Parent/Guardian

| | | |
|---|---------------------------|---|
| Participant's First & Last Name | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| | | |
| Explain how exposure to the food(s) affects the participant: | | |
| | | |
| Parent/Guardian Name | Date | |
| Parent/Guardian Signature | | |

Section 2. Assessment – To Be Completed by the CACFP Facility

Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.

| | | | |
|--|----|---|--|
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy |
| <input type="checkbox"/> Reported Food Intolerance | | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Intolerance |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

Updated: January 2020

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Child and Adult Care Food Program Participant Menu Modification

Section 3. Negotiation of Accommodation(s)

Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification)

(Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand))

| | |
|---|--|
| The facility will provide: | Indicate Specific Brand if applicable: |
| <input type="checkbox"/> Parent/Guardian accepts accommodation <i>The facility is purchasing the reasonable menu modification that is being provided.</i> | <input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> |
| Notes: | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks may not be claimed for reimbursement. Meals and snacks with two or more components provided from home may be claimed for reimbursement. | |
| Facility Representative Name | Signature |
| Parent/Guardian Name | Signature |

Supplement A. Timeline – Medical Authority

This section should be used by a facility when a required accommodation is requested and the facility is waiting for Medical Authority Documentation. This section allows a facility to claim for up to 6 months while waiting for documentation.

- ☐ Initial Request for Medical Authority
- ☐ 1-Month Request
- ☐ 3-Month Request
- ☐ 6-Month Request
- ☐ Medical Authority Document received, meal pattern, provided


Facility Representative Name

| | |
|---|--|
| Arizona Department of Education Medical Authority | |
| A facility participating in the Child and Adult Care Food Program has requested a menu modification for a participant. | |
| Patient First & Last Name | |
| List the food(s) to be avoided: | |
| Food(s) to be avoided | |
| Explain how exposure to the food(s) affects the participant: | |
| The following professionals have reviewed the request and provided their recommendation: Dentist, Homeopathic Physician, Naturopathic Physician, Physician | |
| Medical Authority Name | |
| Medical Authority Signature | |

2

Request: Vegetarian

Reason: Religious



Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
|---|---------------------------|---|--|
| Participant's First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| | | | |
| Explain how exposure to the food(s) affects the participant: | | | |
| | | | |
| Parent/Guardian Name | | Date | |
| Parent/Guardian Signature | | | |

| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|--|----|---|---|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

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Child and Adult Care Food Program
Participant Menu Modification

Now, it's **your** turn.

| Section 3. Medical Authority Documentation | |
|--|-----------|
| Indicate Specific and if applicable: | |
| <input type="checkbox"/> Parent/Guardian does not accept accommodation <small>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</small> | |
| Notes: | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks may not be claimed for reimbursement. Meals and snacks with two or more components provided from home may be claimed for reimbursement. | |
| Facility Representative Name | Signature |
| Parent/Guardian Name | Signature |


| Supplement A. Timeline – Medical Authority Documentation | |
|---|---------|
| This section should be used by a facility when a required accommodation is requested and the facility is waiting for Medical Authority Documentation. It allows a facility to claim for up to 6 months while waiting for documentation. | |
| <input type="checkbox"/> Initial Request for Medical Authority Documentation <input type="checkbox"/> 1-Month Request <input type="checkbox"/> 3-Month Request <input type="checkbox"/> 6-Month Request <input type="checkbox"/> Medical Authority Documentation received, meal pattern, provided | |
| Facility Representative Name | Expires |

| Arizona Department of Health Services Medical Authority Documentation | |
|--|--|
| A facility participating in the Child and Adult Care Food Program has requested a menu modification for a participant. | |
| Patient First & Last Name | |
| List the food(s) to be avoided: | |
| Food(s) to be avoided | |
| Explain how exposure to the food(s) affects the participant: | |
| | |
| The following professionals should be consulted: Dentist, Homeopathic Physician, Naturopathic Physician, Physician | |
| Medical Authority Name | |
| Medical Authority Signature | |

2

Request: Vegetarian

Reason: Religious


Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | | |
|---|---------------------------|---|--|
| Participant's First & Last Name | | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| | | | |
| Explain how exposure to the food(s) affects the participant: | | | |
| | | | |
| Parent/Guardian Name | | Date | |
| Parent/Guardian Signature | | | |

| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|--|----|---|---|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

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I'll ask the requestor to complete and sign Section 1.

Supplement A. Timeline – Medical Authority
 This section should be used by a facility when a required accommodation is requested and the facility is waiting for Medical Authority Documentation. It allows a facility to claim for up to 6 months while waiting for documentation.


☐ Initial Request for Medical Authority
☐ 1-Month Request
☐ 3-Month Request
☐ 6-Month Request
☐ Medical Authority requested, but no documentation received yet

| Arizona Department of Education Medical Authority | |
|--|--|
| A facility participating in the Child and Adult Care Food Program has requested a menu modification. | |
| Patient First & Last Name | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | |
| Food(s) to be avoided | |
| Explain how exposure to the food(s) affects the participant: | |
| | |
| The following recommendations were provided by the Medical Authority: | |
| Dentist, Homeopathic Physician, Naturopathic Physician, Physician | |
| Medical Authority Name | |
| Medical Authority Signature | |
| This institution is an equal opportunity provider. | |

2

Request: Vegetarian

Reason: Religious


Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by Parent/Guardian

| | | | |
|---|---------------------------|---|----------|
| Participant's First & Last Name | Melissa Lee | Date of Birth | 11/07/15 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| Meat | Any Meat | N/A | |
| | Alternatives | | |
| Explain how exposure to the food(s) affects the participant: | | | |
| N/A | | | |
| Parent/Guardian Name | James Royce | Date | 01/17/20 |
| Parent/Guardian Signature | James Royce | | |

Section 2. Assessment – To Be Completed by the CACFP Facility

Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.

| | | | |
|---|----|---|--|
| <input checked="" type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| <input type="checkbox"/> Reported Food Allergy | | <input checked="" type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy |
| <input type="checkbox"/> Reported Food Intolerance | | No medical reason for the request. Accommodating this preference request is a facility's customer service decision. | <input type="checkbox"/> Reported Food Intolerance |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

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The meal pattern can be met by providing meat alternates when meat is served. The reason for the request is preference.

Supplement A. Timeline – Medical Authority

This section should be used by a facility when a required accommodation is beyond the meal pattern and the facility is waiting for Medical Authority Documentation. This allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation.

☐ Initial Request for Medical Authority Documentation

☐ 1-Month Request

☐ 3-Month Request

☐ 6-Month Request

☐ Medical Authority Documented meal pattern, provided

Facility Representative Name: _____

Explain the request: _____

The following recommendations were provided by the Medical Authority:

Dentist, Homeopathic Physician, Naturopathic Physician, Physician

Medical Authority Name: _____

Medical Authority Signature: _____


This institution is an equal opportunity provider.



2

Request: Vegetarian

Reason: Religious



 Child and Adult Care Food Program
 Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|--|---|---|
| Participant's First & Last Name | Melissa Lee | Date of Birth |
| 11/07/15 | | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Meat | Any Meat | N/A |
| | Alternatives | |
| Explain how exposure to the food(s) affects the participant: | | |
| N/A | | |
| Parent/Guardian Name | James Royce | Date |
| Parent/Guardian Signature | | 01/17/20 |
| James Royce | | |
| Section 2. Assessment – To Be Completed by the CACFP Facility | | |
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | |
| <input checked="" type="checkbox"/> Modification meets the CACFP Meal Pattern <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | | |
| Required Accommodation | or | Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | <input checked="" type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> <input checked="" type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected <input type="checkbox"/> Non-Medical Personal Preference <small>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation |
| Facility Representative Name | Sandra Gavin | Date |
| | | 01/17/20 |

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This is optional for me to accommodate, but I will, because I want to provide excellent customer service to the families I serve.


 Child and Adult Care Food Program
 Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|--|---|---|
| Participant's First & Last Name | Melissa Lee | Date of Birth |
| | | 11/07/15 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Meat | Any Meat | N/A |
| | Alternatives | |
| Explain how exposure to the food(s) affects the participant: | | |
| N/A | | |
| Parent/Guardian Name | James Royce | Date |
| Parent/Guardian Signature | | 01/17/20 |
| James Royce | | |
| Section 2. Assessment – To Be Completed by the CACFP Facility | | |
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | |
| <input checked="" type="checkbox"/> Modification meets the CACFP Meal Pattern <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | | |
| Required Accommodation | or | Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | <input checked="" type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> <input checked="" type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected <input type="checkbox"/> Non-Medical Personal Preference <small>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation |
| Facility Representative Name | Sandra Gavin | Date |
| | | 01/17/20 |

Updated: January 2020 This institution is an equal opportunity provider.

Supplement A. Timeline – Medical Authority
 This section should be used by a facility when a required accommodation is beyond the facility's meal pattern and the facility is waiting for Medical Authority Documentation. This section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation.

☐ Initial Request for Medical Authority Documentation
☐ 1-Month Request
☐ 3-Month Request
☐ 6-Month Request
☐ Medical Authority Documentation received

Patient First & Last Name
 List the food(s) to be omitted
 Food(s) to be avoided
 Explain how exposure to the food(s) affects the participant:
 The following recommended by the Medical Authority:
 Dentist, Homeopathic Physician, Naturopathic Physician, Physician
 Medical Authority Name
 Medical Authority Signature
 This institution is an equal opportunity provider.

2

Request: Vegetarian

Reason: Religious

You are correct! Section 3 is not required because it is a *preference request* and Medical Authority Documentation is not required because the *modification meets the meal pattern!* You're doing great!

Arizona Department of Health Services
Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks. Menu modifications are required for any participant who discloses a food allergy, food intolerance, or a major bodily function affected by a food item. All required menu modifications must be documented. Menu modifications are optional for any participant who has a non-medical preference. Menu modifications are made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by Parent/Guardian

Participant's First & Last Name _____

List the food(s) to be omitted from the diet and the food(s) to be substituted:

| Food(s) to be avoided | Allowable Modification(s) |
|-----------------------|---------------------------|
| | |
| | |
| | |

Explain how exposure to the food(s) affects the participant: _____

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

Section 2. Assessment – To Be Completed by the CACFP Facility

Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.

| Modification meets the CACFP Meal Pattern | | Modification does <u>not</u> meet the CACFP Meal Pattern | |
|--|--|--|--|
| Required Accommodation | Optional Accommodation | Required Accommodation | Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy | <input type="checkbox"/> Non-Medical Personal Preference |
| <input type="checkbox"/> Reported Food Intolerance | <input type="checkbox"/> No medical reason for the request. Accommodating this preference request is a facility's customer service decision. | <input type="checkbox"/> Reported Food Intolerance | <input type="checkbox"/> Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request. |
| <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |

Documentation Required: Sections 1 & 2

Facility Representative Name _____ Date _____

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Arizona Department of Health Services
Adult Care Food Program
Participant Menu Modification

Section 3. Medical Authority Documentation

Indicate Specific Brand if applicable: _____

☐ Parent/Guardian does not accept accommodation

The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.

Supplement A. Timeline

This section should be used by a facility when a participant requests a meal pattern and the facility is waiting for Medical Authority Documentation. It allows a facility to claim for up to 6 months while waiting for documentation.

☐ Initial Request for Medical Authority Documentation

☐ 1-Month Request

☐ 3-Month Request

☐ 6-Month Request

☐ Medical Authority Documentation received, meal pattern provided

Facility Representative Name _____

Arizona Department of Health Services
Medical Authority Documentation

A facility participating in the Child and Adult Care Food Program has requested a meal pattern modification for a participant.

Patient First & Last Name _____

List the food(s) to be omitted from the diet and the food(s) to be substituted:

Food(s) to be avoided _____

Explain how exposure to the food(s) affects the participant: _____

The following information is required for the facility to claim for the meal pattern modification:

Dentist, Homeopathic Physician, Naturopathic Physician, Physician

Medical Authority Name _____

Medical Authority Signature _____

Request: FDA Exempt Infant Formula

Reason: Protein Sensitivity / Allergy



Child and Adult Care Food Program Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by Parent/Guardian

| | | |
|---|---------------------------|---|
| Participant's First & Last Name | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Explain how exposure to the food(s) affects the participant: | | |
| Parent/Guardian Name | | Date |
| Parent/Guardian Signature | | |

Section 2. Assessment – To Be Completed by the CACFP Facility

| | | | |
|---|----|---|--|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy |
| <input type="checkbox"/> Reported Food Intolerance | | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Intolerance |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

Updated: January 2020

This institution is an equal opportunity provider.

Child and Adult Care Food Program Participant Menu Modification

Section 3. Negotiation of Accommodation(s)

| | |
|---|--|
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <i>(Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand))</i> | |
| The facility will provide: | Indicate Specific Brand if applicable: |
| <input type="checkbox"/> Parent/Guardian accepts accommodation <i>The facility is purchasing the reasonable menu modification that is being provided.</i> | <input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> |
| Notes: | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks may not be claimed for reimbursement. Meals and snacks with two or more components provided from home may be claimed for reimbursement. | |
| Facility Representative Name | Signature |
| Parent/Guardian Name | Signature |

Supplement A. Timeline – Medical Authority

| | |
|---|--|
| This section should be used by a facility when a required accommodation is requested and the facility is waiting for Medical Authority Documentation. This section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation. | |
| <input type="checkbox"/> Initial Request for Medical Authority | <input type="checkbox"/> 1-Month Request |
| <input type="checkbox"/> 3-Month Request | <input type="checkbox"/> 6-Month Request |
| <input type="checkbox"/> Medical Authority Documented meal pattern, provided | |
| Facility Representative Name | Exp |
| The following Medical Authority is requested: Dentist, Homeopathic Physician, Naturopathic Physician, Physician | |
| Medical Authority Name | |
| Medical Authority Signature | |

Request: FDA Exempt Infant Formula
Reason: Protein Sensitivity / Allergy

Does this modification meet the meal pattern? Is it required? What sections of the form will you complete?

3

Request: FDA Exempt Infant Formula

Reason: Protein Sensitivity / Allergy

I checked the list of FDA Exempt Infant Formulas, and Similac Alimentum is on the list. I need Medical Authority Documentation for this formula. Protein sensitivity and allergy are considered a disability, so I will provide a reasonable accommodation and complete Section 3.

Arizona Department of Education
Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks. Menu modifications are required for any participant who discloses a food allergy, food intolerance, or other major bodily function affected by a food item. All required menu modifications must be made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by the Facility

Participant's First & Last Name: **Enrico Hodge**

List the food(s) to be omitted from the diet:

| Food(s) to be avoided | Allow |
|-----------------------|---------|
| Infant Formula | Similac |

Explain how exposure to the food(s) listed above may affect the participant's health:

Protein Sensitivity + Allergy

Parent/Guardian Name: **James Royce**

Parent/Guardian Signature: **James Royce**

Section 2. Assessment – To Be Completed by the Facility

Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.

| <input type="checkbox"/> Modification meets the CACFP Meal Pattern Required Accommodation or Optional Accommodation | | <input checked="" type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern Required Accommodation or Optional Accommodation | |
|--|--|---|--|
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Non-Medical Personal Preference No medical reason for the request. Accommodating this preference request is a facility's customer service decision. <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input checked="" type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Non-Medical Personal Preference Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request. <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name: Sandra Gavin | | Date: 1/17/20 | |

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Arizona Department of Education
Child and Adult Care Food Program
Participant Menu Modification

Section 3. Medical Authority Documentation

Indicate Specific Brand if applicable:

☐ Parent/Guardian does not accept accommodation
 The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.

Medical Authority

A facility participating in the Child and Adult Care Food Program is required to provide a reasonable accommodation for a participant with a food allergy, food intolerance, or other major bodily function affected by a food item. The facility must provide the accommodation for the duration of the participant's enrollment in the program.

☐ Initial Request for Accommodation

☐ 1-Month Request

☐ 3-Month Request

☐ 6-Month Request

☐ Medical Authority Documentation

Facility Representative Name: _____

Explain how exposure to the food(s) listed above may affect the participant's health:

The following request is for a participant with a food allergy, food intolerance, or other major bodily function affected by a food item. The facility is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.

Dentist, Homeopathic Physician, Naturopathic Physician, Physician

Medical Authority Name: _____

Medical Authority Signature: _____

This institution is an equal opportunity provider.



3

Request: FDA Exempt Infant Formula

Reason: Protein Sensitivity / Allergy

I offer Similac Alimentum
and the family accepts. We
both sign Section 3.



| Child and Adult Care Food Program Participant Menu Modification | | | |
|---|---------------------|--|----------------|
| Section 3. Negotiation of Accommodation(s) | | | |
| Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <i>(Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand))</i> | | | |
| The facility will provide: | Alimentum | Indicate Specific Brand if applicable: | Similac |
| <input checked="" type="checkbox"/> Parent/Guardian accepts accommodation <i>The facility is purchasing the reasonable menu modification that is being provided.</i> | | <input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> | |
| Notes: | | | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement. | | | |
| Facility Representative Name | Sandra Gavin | Signature | 1/17/20 |
| Parent/Guardian Name | James Royce | Signature | 1/17/20 |
| Supplement A. Timeline – Medical Authority Documentation Requests | | | |
| This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the facility is waiting for Medical Authority Documentation to be completed and returned. Completion of this section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation. | | | |
| <input type="checkbox"/> Initial Request for Medical Authority Documentation | Date: | Staff Initials: | |
| <input type="checkbox"/> 1-Month Request for Medical Authority Documentation | Date: | Staff Initials: | |
| <input type="checkbox"/> 3-Month Request for Medical Authority Documentation | Date: | Staff Initials: | |
| <input type="checkbox"/> 6-Month Request for Medical Authority Documentation | Date: | Staff Initials: | |
| <input type="checkbox"/> Medical Authority Documentation has not been provided within 6 months. The meals and snacks that do not meet the meal pattern, provided to this participant to accommodate a disability, can no longer be claimed for reimbursement. | | | |
| Facility Representative Name | | Signature | |
| This institution is an equal opportunity provider. | | | |

3

Request: FDA Exempt Infant Formula

Reason: Protein Sensitivity / Allergy

I give Enrico's dad the Medical Authority Documentation form. In the meantime, I complete the Timeline Section so that I can continue to claim while waiting for Enrico's dad to return the form.



| Child and Adult Care Food Program Participant Menu Modification | | | |
|---|---------------|--------------------|--------------|
| Section 3. Negotiation of Accommodation(s) | | | |
| Facility-Provided Reasonable Accommodation (Menu Modification) <i>Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</i> | | | |
| Indicate Specific Brand if applicable: | Similac | | |
| <input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> | | | |
| If no accommodation is provided from home, meals and snacks can continue to be claimed for two or more components provided from home cannot be claimed for reimbursement. | | | |
| Facility Representative Name | Sandra Gavin | Signature | 1/17/20 |
| Parent/Guardian Name | James Royce | Signature | 1/17/20 |
| Supplement A. Timeline – Medical Authority Documentation Requests | | | |
| This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the facility is waiting for Medical Authority Documentation to be completed and returned. Completion of this section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation. | | | |
| <input checked="" type="checkbox"/> Initial Request for Medical Authority Documentation | Date: 1/17/20 | Staff Initials: SG | |
| <input type="checkbox"/> 1-Month Request for Medical Authority Documentation | Date: | Staff Initials: | |
| <input type="checkbox"/> 3-Month Request for Medical Authority Documentation | Date: | Staff Initials: | |
| <input type="checkbox"/> 6-Month Request for Medical Authority Documentation | Date: | Staff Initials: | |
| <input type="checkbox"/> Medical Authority Documentation has not been provided within 6 months. The meals and snacks that do not meet the meal pattern, provided to this participant to accommodate a disability, can no longer be claimed for reimbursement. | | | |
| Facility Representative Name | Sandra Gavin | Signature | Sandra Gavin |
| This institution is an equal opportunity provider. | | | |

3

Request: FDA Exempt Infant Formula

Reason: Protein Sensitivity / Allergy

Arizona Department of Health Services

Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with federal regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's needs. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation is made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by Parent/Guardian

Participant's First & Last Name _____ Date of Birth _____

List the food(s) to be omitted from the diet and the food(s) that should be provided:

| Food(s) to be avoided | Allowable Modification(s) | Additional Information |
|-----------------------|---------------------------|------------------------|
| | | |
| | | |
| | | |

Explain how exposure to the food(s) affects the participant: _____

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

Section 2. Assessment – To Be Completed by the CACFP Facility

Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.

| Modification meets the CACFP Meal Pattern | | Modification does <u>not</u> meet the CACFP Meal Pattern | |
|--|--|--|--|
| Required Accommodation | Optional Accommodation | Required Accommodation | Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy | <input type="checkbox"/> Non-Medical Personal Preference |
| <input type="checkbox"/> Reported Food Intolerance | <input type="checkbox"/> No medical reason for the request. Accommodating this preference request is a facility's customer service decision. | <input type="checkbox"/> Reported Food Intolerance | <input type="checkbox"/> Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request. |
| <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |

Documentation Required: Sections 1 & 2

Facility Representative Name _____ Date _____

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Yes, Scenario #3 requires you to complete the **entire form**.

The Timeline section is required to continue claiming.

Child and Adult Care Food Program
Participant Menu Modification

Negotiation of Accommodation(s)

Reasonable Accommodation (Menu Modification) _____
(not necessarily the accommodation requested (e.g. a preferred brand))

Indicate Specific Brand if applicable: _____

☐ Parent/Guardian does not accept accommodation
The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.

Parent/Guardian Signature _____

Facility Representative Signature _____

Supplement A. Timeline

This section should be used by a facility when a required meal pattern and the facility is waiting for Medical Authority Documentation. It allows a facility to claim for up to 6 months while waiting for documentation.

☐ Initial Request for Documentation

☐ 1-Month Request

☐ 3-Month Request

☐ 6-Month Request

☐ Medical Authority Documentation received, meal pattern, provided

Facility Representative Name _____

Arizona Department of Health Services
Medical Authority

A facility participating in the Child and Adult Care Food Program has requested a menu modification for a participant.

Patient First & Last Name _____

List the food(s) to be avoided: _____

Food(s) to be avoided: _____

Facility Representative Name _____

Exp _____

The following _____
Dentist, Homeopathic Physician, Naturopathic Physician, _____, Physician

Medical Authority Name _____

Medical Authority Signature _____

4

Request: Coconut Milk

Reason: Preference



Child and Adult Care Food Program Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by Parent/Guardian

| | | |
|---|---------------------------|---|
| Participant's First & Last Name | Date of Birth | |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| | | |
| Explain how exposure to the food(s) affects the participant: | | |
| | | |
| Parent/Guardian Name | Date | |
| Parent/Guardian Signature | | |

Section 2. Assessment – To Be Completed by the CACFP Facility

Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.

| | | | |
|--|----|--|--|
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | Required Accommodation |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Allergy |
| <input type="checkbox"/> Reported Food Intolerance | | <input type="checkbox"/> Non-Medical Personal Preference | <input type="checkbox"/> Reported Food Intolerance |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification | <input type="checkbox"/> Reported Major Bodily Function Affected |
| | | <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Facility will provide modification |
| | | <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

Updated: January 2020

This institution is an equal opportunity provider.

Child and Adult Care Food Program Participant Menu Modification

Section 3. Negotiation of Accommodation(s)

Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification)

(Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand))

| | |
|---|--|
| The facility will provide: | Indicate Specific Brand if applicable: |
| <input type="checkbox"/> Parent/Guardian accepts accommodation <i>The facility is purchasing the reasonable menu modification that is being provided.</i> | <input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i> |
| Notes: | |
| The facility acknowledges that if one component or less is provided from home, meals and snacks may not be claimed for reimbursement. Meals and snacks with two or more components provided from home may be claimed for reimbursement. | |
| Facility Representative Name | Signature |
| Parent/Guardian Name | Signature |

Supplement A. Timeline – Medical Authority

This section should be used by a facility when a required accommodation is requested and the facility is waiting for Medical Authority Documentation. It allows a facility to claim for up to 6 months while waiting for documentation.

- ☐ Initial Request for Medical Authority
- ☐ 1-Month Request
- ☐ 3-Month Request
- ☐ 6-Month Request
- ☐ Medical Authority Document received, meal pattern, provided


Facility Representative Name

| | |
|--|--|
| Arizona Department of Education Medical Authority | |
| A facility participating in the Child and Adult Care Food Program has requested a menu modification for a participant. | |
| Patient First & Last Name | |
| List the food(s) to be avoided: | |
| Food(s) to be avoided | |
| Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. | |
| Explain how exposure to the food(s) affects the participant: | |
| | |
| The following professionals have reviewed the request and provided their input: | |
| Dentist, Homeopathic Physician, Naturopathic Physician, Physician | |
| Medical Authority Name | |
| Medical Authority Signature | |

4

Request: Coconut Milk

Reason: Preference


 Child and Adult Care Food Program
 Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|---|---------------------------|---|
| Participant's First & Last Name | Steven Moore | Date of Birth 05/01/12 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Milk | Coconut Milk | N/A |
| Explain how exposure to the food(s) affects the participant: | | |
| N/A – Family Preference | | |
| Parent/Guardian Name | Madilyn Moore | Date 01/22/20 |
| Parent/Guardian Signature | Madilyn Moore | |

| Section 2. Assessment – To Be Completed by the CACFP Facility | | | |
|--|----|---|---|
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation | |
| Facility Representative Name | | Date | |

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Okay, the last example!

Does this modification meet the meal pattern? Is it required?

What sections of the form will you complete?

Notes:

The facility acknowledges that if one component or less is provided from home, meals and snacks with two or more components provided from home may be claimed for reimbursement. Meals and snacks with two or more components provided from home may be claimed for reimbursement.


| Supplement A. Timeline – Medical Authority | |
|---|---------|
| This section should be used by a facility when a required accommodation is requested and the facility is waiting for Medical Authority Documentation. It allows a facility to claim for up to 6 months while waiting for the Medical Authority Documentation. | |
| <input type="checkbox"/> Initial Request for Medical Authority <input type="checkbox"/> 1-Month Request <input type="checkbox"/> 3-Month Request <input type="checkbox"/> 6-Month Request <input type="checkbox"/> Medical Authority requested meal pattern, provided | |
| Facility Representative Name | Expires |

| Arizona Department of Health Services Medical Authority | |
|---|--|
| A facility participating in the Child and Adult Care Food Program has requested a menu modification for the following participant: | |
| Patient First & Last Name | |
| List the food(s) to be avoided | |
| Food(s) to be avoided | |
| Facility Representative Name | |
| Expires | |
| The following professionals may be requested for Medical Authority Documentation: Dentist, Homeopathic Physician, Naturopathic Physician, Physician | |
| Medical Authority Name | |
| Medical Authority Signature | |

4

Request: Coconut Milk

Reason: Preference


 Child and Adult Care Food Program
 Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

| Section 1. Documentation – To Be Completed by Parent/Guardian | | |
|--|---------------------------|--|
| Participant's First & Last Name | Steven Moore | Date of Birth |
| | | 05/01/12 |
| List the food(s) to be omitted from the diet and the food(s) that should be provided instead: | | |
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Milk | Coconut Milk | N/A |
| Explain how exposure to the food(s) affects the participant: | | |
| N/A – Family Preference | | |
| Parent/Guardian Name | Madilyn Moore | Date |
| | | 01/22/20 |
| Parent/Guardian Signature | Madilyn Moore | |
| Section 2. Assessment – To Be Completed by the CACFP Facility | | |
| Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. | | |
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern <input checked="" type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | | |
| Required Accommodation | or | Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input checked="" type="checkbox"/> Non-Medical Personal Preference <small>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation |
| Facility Representative Name | | Date |

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Coconut milk does not meet the meal pattern and there is no medical reason for the request.

Notes:

The facility acknowledges that if one component or less is provided from home, meals and snacks are not eligible for reimbursement. Meals and snacks with two or more components provided from home can be reimbursed.

Facility Representative Name: _____ Signature: _____

Parent/Guardian Name: _____

Supplement A. Timeline – Medical Authority

This section should be used by a facility when a required accommodation is requested beyond the meal pattern and the facility is waiting for Medical Authority Documentation. This section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation.

☐ Initial Request for Medical Authority Documentation

☐ 1-Month Request

☐ 3-Month Request

☐ 6-Month Request

☐ Medical Authority Documentation received

Facility Representative Name: _____ Explain: _____

The following recommendations were received from the following medical professional(s):

Dentist, Homeopathic Physician, Naturopathic Physician, Physician

Medical Authority Name: _____

Medical Authority Signature: _____

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4

Request: Coconut Milk

Reason: Preference

Arizona Department of Education
Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves regulation. Menu modifications are required for any participant who discloses a food allergy or a major bodily function affected by a food item. All required menu modifications must be made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by the Facility

Participant's First & Last Name: **Steven Moore**

List the food(s) to be omitted from the diet:

| Food(s) to be avoided | Allowed |
|-----------------------|--------------|
| Milk | Coconut Milk |

Explain how exposure to the food(s) is being avoided:

N/A – Family Preference

Parent/Guardian Name: **Madilyn Moore**

Parent/Guardian Signature: **Madilyn Moore**

Section 2. Assessment – To Be Completed by the Facility

Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.

| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input checked="" type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
|--|---|--|--|
| Required Accommodation | Optional Accommodation | Required Accommodation | Optional Accommodation |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | <input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | <input checked="" type="checkbox"/> Non-Medical Personal Preference <small>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification |

Documentation Required: Sections 1 & 2

Facility Representative Name: _____ Date: _____

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I can either:

Deny the request because I am not required to accommodate a preference.

OR

Provide the coconut milk knowing that I am not meeting the meal pattern and cannot claim these meals and snacks.

Arizona Department of Education
Child and Adult Care Food Program
Participant Menu Modification

Section 3. Medical Authority

Indicate Specific Brand if applicable:

☐ Parent/Guardian does not accept accommodation

The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.

Signature: _____

Medical Authority

A required accommodation is requested for a participant who is not a facility employee. The participant is requesting an accommodation beyond the reasonable accommodation provided by the facility. The participant is incurring the cost of the menu modification and will bring this item from home.

Initial request for modification: _____

1-Month Request: _____

3-Month Request: _____

6-Month Request: _____

Medical Authority meal pattern, provided by the facility: _____

Facility Representative Name: _____

Explain how exposure to the food(s) is being avoided:

The following request is for a participant who is not a facility employee. The participant is requesting an accommodation beyond the reasonable accommodation provided by the facility. The participant is incurring the cost of the menu modification and will bring this item from home.

Dentist, Homeopathic Physician, Naturopathic Physician, Physician

Medical Authority Name: _____

Medical Authority Signature: _____


This institution is an equal opportunity provider.



4

Request: Coconut Milk

Reason: Preference


 Child and Adult Care Food Program
 Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by Parent/Guardian

| | | | |
|---------------------------------|--------------|---------------|----------|
| Participant's First & Last Name | Steven Moore | Date of Birth | 05/01/12 |
|---------------------------------|--------------|---------------|----------|

List the food(s) to be omitted from the diet and the food(s) that should be provided instead:

| | | |
|-----------------------|---------------------------|---|
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Milk | Coconut Milk | N/A |

Explain how exposure to the food(s) affects the participant:

N/A – Family Preference

| | | | |
|---------------------------|---------------|------|----------|
| Parent/Guardian Name | Madilyn Moore | Date | 01/22/20 |
| Parent/Guardian Signature | Madilyn Moore | | |

Section 2. Assessment – To Be Completed by the CACFP Facility

Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.

| | | | |
|--|--------------|---|--|
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input checked="" type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | |
| <input type="checkbox"/> Reported Food Allergy <input type="checkbox"/> Reported Food Intolerance <input type="checkbox"/> Reported Major Bodily Function Affected | or | <input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small> <input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification | <input checked="" type="checkbox"/> Non-Medical Personal Preference <small>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</small> <input checked="" type="checkbox"/> Facility will <u>not</u> provide modification |
| Documentation Required: Sections 1 & 2 | | Documentation Required: Sections 1 & 2 and request Medical Authority Documentation | |
| Facility Representative Name | Sandra Gavin | Date | 1/22/20 |

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Child and Adult Care Food Program
 Participant Menu Modification

Section 3. Medical Authority Documentation

Indicate Specific Brand if applicable:

☐ Parent/Guardian does not accept accommodation

The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.

The facility acknowledges that if one component or less is provided from home, meals and snacks are not eligible for reimbursement. Meals and snacks with two or more components provided from home can be reimbursed.

| | | | |
|------------------------------|--|-----------|--|
| Facility Representative Name | | Signature | |
| Parent/Guardian Name | | | |

Supplement A. Timeline – Medical Authority Documentation

This section should be used by a facility when a required accommodation is requested and the facility is waiting for Medical Authority Documentation. This section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation.

☐ Initial Request for Medical Authority Documentation

☐ 1-Month Request

☐ 3-Month Request

☐ 6-Month Request

☐ Medical Authority Documentation received

Arizona Department of Health Services Medical Authority Documentation

A facility participating in the Child and Adult Care Food Program has requested a menu modification for the following participant:

Patient First & Last Name: _____

List the food(s) to be omitted: _____

Food(s) to be avoided: _____

Facility Representative Name: _____

Explain the request: _____

The following recommendations were provided by the following medical professional(s):

Dentist, Homeopathic Physician, Naturopathic Physician, Physician

Medical Authority Name: _____

Medical Authority Signature: _____

This institution is an equal opportunity provider.


I will deny the request and notify the parent.



4

Request: Coconut Milk

Reason: Preference


Child and Adult Care Food Program
Participant Menu Modification

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with federal regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's needs. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by Parent/Guardian

| | | | |
|---------------------------------|--------------|---------------|----------|
| Participant's First & Last Name | Steven Moore | Date of Birth | 05/01/12 |
|---------------------------------|--------------|---------------|----------|

List the food(s) to be omitted from the diet and the food(s) that should be provided instead:

| | | |
|-----------------------|---------------------------|---|
| Food(s) to be avoided | Allowable Modification(s) | Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc. |
| Milk | Coconut Milk | N/A |

Explain how exposure to the food(s) affects the participant:

N/A – Family Preference

| | | | |
|---------------------------|---------------|------|----------|
| Parent/Guardian Name | Madilyn Moore | Date | 01/22/20 |
| Parent/Guardian Signature | Madilyn Moore | | |

Section 2. Assessment – To Be Completed by the CACFP Facility

Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.

| | | | |
|--|----|--|---|
| <input type="checkbox"/> Modification meets the CACFP Meal Pattern | | <input checked="" type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern | |
| Required Accommodation | or | Optional Accommodation | |
| <input type="checkbox"/> Reported Food Allergy | | <input type="checkbox"/> Non-Medical Personal Preference | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Reported Food Intolerance | | <input type="checkbox"/> Reported Food Intolerance | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Reported Major Bodily Function Affected | | <input type="checkbox"/> Facility will provide modification | <input checked="" type="checkbox"/> Facility will <u>not</u> provide modification |

Documentation Required: Sections 1 & 2

| | | | |
|------------------------------|--------------|------|---------|
| Facility Representative Name | Sandra Gavin | Date | 1/22/20 |
|------------------------------|--------------|------|---------|

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Yes, you can deny a preference request. **Well done!** No additional documentation is required because the request was denied.

The facility acknowledges that if one component or less is provided from home, the facility may be claimed for reimbursement. Meals and snacks with two or more components provided from home are not eligible for reimbursement.

| | | | |
|------------------------------|--|-----------|--|
| Facility Representative Name | | Signature | |
| Parent/Guardian Name | | Signature | |

Supplement A. Timeline – Medical Authority

This section should be used by a facility when a required accommodation is requested and the facility is waiting for Medical Authority Documentation. The facility may claim for up to 6 months while waiting for documentation.

☐ Initial Request for Medical Authority

☐ 1-Month Request

☐ 3-Month Request

☐ 6-Month Request

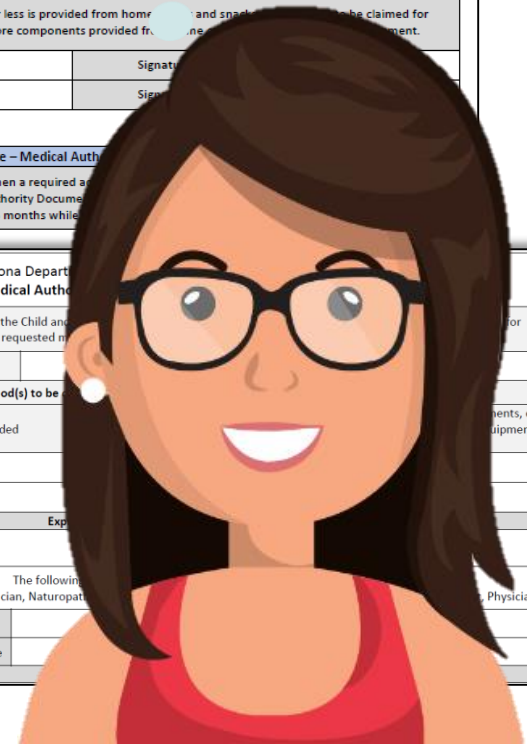
☐ Medical Authority Document received, meal pattern, provided

Facility Representative Name

Explain how exposure to the food(s) affects the participant:

The following professionals must be consulted: Dentist, Homeopathic Physician, Naturopathic Physician, Physician

| | |
|-----------------------------|--|
| Medical Authority Name | |
| Medical Authority Signature | |



Summary



Summary - Required Documentation

| Modification Requested | | Documentation Required To Continue Claiming |
|--|----------------------------|--|
| Disability | Meets Meal Pattern | Section 1, Section 2, Section 3 |
| | Does Not Meet Meal Pattern | Section 1, Section 2, Section 3 & Medical Documentation* |
| <i>*The timeline may be completed and used to claim for up to 6 months while waiting for Medical Documentation</i> | | |
| Non-Medical Personal Preference | Meets Meal Pattern | Sections 1 & 2 |
| | Does Not Meet Meal Pattern | Claiming not permitted |

Summary

- ✓ All menu modifications require documentation.
- ✓ Additional documentation is required for:
 - modifications due to a disability
 - modifications that do not meet the meal pattern
- ✓ A new form has been created to make it easier for you to document modification requests and accommodations.



Summary

- ✓ All menu modifications require documentation
- ✓ Additional documentation is required for:
 - modifications due to a disability
 - modifications that do not meet the meal pattern
- ✓ A new form has been created to make it easier for you to document modification requests and accommodations.

Thank you for participating in this Navigating Menu Modifications in the CACFP Online Training!

If you have any additional questions, please contact your assigned CACFP Specialist or call the Specialist of the Day at (602) 542-8700. Make sure to select “1” for Community Nutrition Programs.





Click Here!

Complete Survey & Obtain Training Certificate

ADHS Empower Program

This training counts toward Empower Program training requirements.

Arizona Early Childhood Workforce Registry

This training is listed on the Arizona Early Childhood Workforce Registry. If you want this training to appear on your registry transcript, please provide your Workforce Registry ID when completing the survey.



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1. mail:

*U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or*

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

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